

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
 Registered No. 47

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Virginia Martinez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. Legitimate? yes 6. Date of birth June 11, 1933
Month Day Year

7. FATHER
 Full name Alfredo Martinez
 Residence (Usual place of abode) Globe
If non-resident, give place and state.

14. MOTHER
 Full maiden name Lozisa Perez
 Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race Mex
 11. Age at last birthday 22 (Years)

14. Color or race Mex
 17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Casa Grande Arizona
(State or country)

18. Birthplace (city or place) Copper Hill Arizona
(State or country)

13. Occupation unemployed
 Nature of Industry _____

19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.
(Born alive or stillborn)
 Signature H. E. Wightman M.D.
(Physician or midwife)

Given name added from supplemental report _____ Address _____
 549-601-279 Month, day, year _____ Filled 9/6 1933 H. E. Wightman M.D.
 Registrar _____ Registrar _____

VITAL STATISTICS DIVISION, ARIZONA STATE BOARD OF HEALTH, PHOENIX, ARIZONA