

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Pinal
District of no 9
Town of Kelvin
or
City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 286
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 21
Local Registrar's No. _____

(No. _____ St; _____ Ward)
FULL NAME OF CHILD Susana Cota Martinez { Born } YES
{ Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>female</u>	and	Number; in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 24 1911</u> (Month) (Day) (Yr.)
FATHER		MOTHER		
Full Name <u>Lorenzo Martinez</u>	Full Maiden Name <u>Provincia Cota</u>			
Residence <u>Kelvin Ariz</u>	Residence <u>Kelvin Ariz</u>			
Color or Race <u>Mex</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>29</u> (Years)	
Birthplace <u>Mexico</u>	Occupation <u>Farmer</u>	Birthplace <u>Ariz</u>	Occupation <u>Housewife</u>	

Number of child of this mother 10 Number of children, of this mother, now living 7 Were Precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 24 1911, at 3 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return. } (Signature) Ira C. Brown
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191__ Address Kelvin Ariz

Filed May 24 1911
Filed 6/23 1911

LOCAL REGISTRAR
Ira C. Brown
COUNTY REGISTRAR
Garret Brockway

249-504-431
COUNTY REGISTRAR