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number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila
District of Globe
Town of Globe
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 99

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 201

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Juan Martinez } Born } YES
Alive } NO

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

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Oct. 6</u> 191 <u>2</u> (Month) (Day) (yr.)
Full Name <u>Ernest Martinez</u>	FATHER		Full Maiden Name <u>Teresa Martinez</u>	MOTHER	
Residence <u>Globe Arizona</u>	Color or Race <u>Mexican</u>	Age at last Birthday <u>27</u> (Years)	Residence <u>Same</u>	Color or Race <u>Mexican</u>	Age at last Birthday <u>20</u> (Years)
Birthplace <u>Mexico</u>	Occupation <u>Laborer</u>		Birthplace <u>Mexico</u>	Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 6 1912 at 11 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) R. Stearns
(Attending physician, midwife, householder.)

Given or christian name added from a

Address Globe

supplemental report _____ 1912

Filed Oct 11 1912

B. G. Gray
LOCAL REGISTRAR.

149-1006-349
COUNTY REGISTRAR.

Filed Nov 5 1912

A True Copy
B. G. Gray
COUNTY REGISTRAR.