

1243

IN ALL CASES 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 EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or
City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 105

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 6

Local Registrar's No. _____

FULL NAME OF CHILD Rictorio Martinez { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar { Alive } X

Sex of Child Male Twin, Triplet or other One and { Number in order of birth 1 Legitimate? Y Date of Birth Jan 6 1915
(Month) (Day) (Yr.)

FATHER
Full Name Lebratho Martinez
Residence Miami-Ariz.
Color or Race Mexican Age at last Birthday 33 (Years)
Birthplace Mexico
Occupation Labour

MOTHER
Full Maiden Name Maria Perez
Residence Miami Ariz.
Color or Race Mexican Age at last Birthday 30 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 9 Number of children, of this mother, now living 8 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 6 1915, at 1 A. M.
(Signature) B. W. Hardy M. D.
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 1915

Address Miami Ariz.

Filed Jan 10 1915

John H. Loney
LOCAL REGISTRAR

Filed Feb 10 1915

A True Copy B. S. J. O'K.
COUNTY REGISTRAR.

COUNTY REGISTRAR.