

4942

926

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **150** State Index No. **926**

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

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 358 Local Registrar's No. _____

FULL NAME OF CHILD Manuel Olivas 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 <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Dec 13</u> 191 <u>5</u> (Month) (Day) (Yr.)
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FATHER			MOTHER		
Full Name <u>Narcisio Martinez</u>	Residence <u>Miami Ariz</u>		Full Maiden Name <u>Amelia Olivas</u>	Residence <u>Miami Ariz</u>	
Color or Race <u>Mexican</u>	Age at last Birthday <u>25</u> (Years)	Birthplace <u>Paltici, Mexico</u>	Color or Race <u>Mexican</u>	Age at last Birthday <u>21</u> (Years)	Birthplace <u>Mesa, Ariz</u>
Occupation <u>Laborer</u>			Occupation <u>House wife</u>		

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 13 1915, at 5:30 P.M.

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

(Signature) [Signature]
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report.....191.....

Address.....

Filed Dec 20 1915

A True Copy

Filed Jan 7 1916

John H. Lacey
LOCAL REGISTRAR

B. G. Fox
COUNTY REGISTRAR

449-1213-162
COUNTY REGISTRAR.

RECEIVED
FEB 9 192
Ans. File