

2548

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Coila

BUREAU OF VITAL STATISTICS

State Index No. 134

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 13

Town of Miami

Local Registrar's No. _____

or _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Jesus Martinez

{ Born } YES
{ Alive }

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

Sex of Child Male Twin, Triplet or other No and Number in order of birth 1 Legitimate Yes Date of Birth Jan 14 1916
(Month) (Day) (Yr.)

FATHER
Full Name Jesus Martinez
Residence Miami
Color or Race Mexican Age at last Birthday 56 (Years)
Birthplace Mexico
Occupation Wood chopper

MOTHER
Full Maiden Name Elina Roma
Residence Miami
Color or Race Mexican Age at last Birthday 28 (Years)
Birthplace Arizona
Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 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 Jan 14 1916 at 8 A.M.

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

(Signature) B. W. Hardy, M.D.
(Attending physician, midwife, householder. *)

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

Address Miami, Fla.

Filed Jan 20 1916

John H. Lacy
LOCAL REGISTRAR

149-114-591
COUNTY REGISTRAR.

Filed Feb 8 1916

A True Copy B. G. Fox
COUNTY REGISTRAR.