

1627

PLACE OF BIRTH
 County of Gila
 District of Maricopa
 Town or City of Phoenix

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
 Co. Register No. 2207
 Local Registrar's No. _____
 (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Martinez } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male } and } Number in order of birth 1st } Legiti- } Date of Birth May 16, 1918
 Twin } } } } ? } (Month) (Day) (Yr.)
 or other } } } } }

FATHER		MOTHER	
Full Name <u>Armando Martinez</u>	Age at last Birthday <u>37 yrs</u>	Full Maiden Name <u>Amelia Revorro</u>	Age at last Birthday <u>24</u>
Residence <u>Phoenix</u>	Color or Race <u>Mexico</u>	Residence <u>Phoenix</u>	Color or Race <u>Mex</u>
Birthplace <u>Mexico</u>	Occupation <u>Musical</u>	Birthplace <u>Mexico</u>	Occupation <u>HW</u>

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 the above child; and that it occurred on 5-26-1918 at 8:29 M.
 *When there is no attending physician or midwife, then the householder should make this return.

(Signature) Mason & Brayton
 (Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 191...
 Address Phoenix

Filed May 30 1918
 LOCAL REGISTRAR.

049-526-196
 COUNTY REGISTRAR.

Filed June 6 1918 A True Copy
 COUNTY REGISTRAR.