

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 444

District of Miami

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 412

Town of Miami

Local Registrar's No. _____

or
City of _____

(No. _____ St; _____ Ward)

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

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

Sex of Child Female } Twin, Triplet or other No } and } Number in order of birth 1 } Legitimate Yes } Date of Birth July 27 1919
(Month) (Day) (Yr.)

FATHER
Full Name Reyes Martinez
Residence Clay pool
Color or Race Mexican Age at last Birthday 26 (Years)
Birthplace Mexico
Occupation Miner

MOTHER
Full Maiden Name Susana Garcia
Residence Clay pool
Color or Race Mexican Age at last Birthday 24 (Years)
Birthplace Arizona
Occupation House wife

Number of child of this mother... 4 ... Number of children, of this mother, now living... 4 ... 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 July 27 1919 at 2 P. M.
(Signature) B. B. Taylor
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 191____
Address Miami Ariz

Filed July 30 1919 LOCAL REGISTRAR.
A True Copy B. B. Taylor
Filed AUG 6 1919 COUNTY REGISTRAR.

THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITHIN 5 DAYS AFTER BIRTH.