

814

W. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Dela
 District of _____
 Town of _____
 or _____
 City of Miami

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

State Index No. 19
 Co. Register No. 445
 Local Registrar's No. _____
 (No. _____ St.; _____ Ward)

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of Birth _____	Legiti- macy <u>Yes</u>	Date of Birth <u>Aug 20</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jesus Martinez</u>			Full Maiden Name <u>Moderno Rodriguez</u>		
Residence <u>Miami Fla</u>			Residence <u>Miami</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>24</u> (Years)	Color or Race <u>Mix.</u>		Age at last Birthday <u>27</u> (Years)	
Birthplace <u>Mex.</u>	Occupation <u>Miner</u>	Birthplace <u>Mex.</u>		Occupation <u>H.W.</u>	

Number of child of this mother 3 Number of Children, of this mother, now living 3 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 Aug 20 1919, at 1 P.M.
 *When there is no attending physician or midwife, then the householder should make this return.
 (Signature) Nelson D. Brayton
 (Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191____ Address _____
 Filed Aug 22 1919
149-520-499 A True Copy
 COUNTY REGISTRAR. Filed SEP 9 1919
N. D. Brayton LOCAL REGISTRAR.
D. S. Fox COUNTY REGISTRAR.