

2374

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. 188  
Co. Registrar's No. 606  
Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
County of Yla  
District of \_\_\_\_\_  
Town of Hayden  
or City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

|   |   |  |                                   |                        |  |
|---|---|--|-----------------------------------|------------------------|--|
| Sex of Child <u>Female</u>  | Twin, Triplet or other _____                            | and  | Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Oct 31</u> 191 <u>9</u> |
| Full Name <u>FATHER</u> <u>Julio S. Martinez</u>                  |   | Full Name <u>MOTHER</u> <u>Maria Acedo</u>                       |                                   |                        |  |
| Residence <u>Hayden</u>   |   | Residence <u>Hayden</u>  |                                   |                        |  |
| Color or Race <u>Mexican</u> Age at last Birthday <u>28</u> Years |   | Color or Race <u>Mex.</u> Age at last Birthday <u>28</u> Years   |                                   |                        |  |
| Birthplace <u>Monte Rey Mex.</u>                                  |   | Birthplace <u>Altamira Dist Mex.</u>                             |                                   |                        |  |
| Occupation <u>Store Keeper</u>                                    |   | Occupation <u>House wife</u>                                     |                                   |                        |  |
| Number of child of this Mother <u>4</u>                           | Number of Children, of this mother, now living <u>4</u> | Were precautions taken against Ophthalmia neonatorum? <u>yes</u> |                                   |                        |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Oct. 31<sup>st</sup> 1919, at 9:30 AM.

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

Signature George E. Shields, M.D.  
Attending physician, midwife, householder.\*

Address Hayden, Arizona

Given or Christian name added from a supplemental report \_\_\_\_\_ 1919

Filed Nov 10 1919 LOCAL REGISTRAR.

Filed Dec 6 1919 A True Copy B. J. Doty COUNTY REGISTRAR.

549-1031-416 COUNTY REGISTRAR.

one number of each local Registrar within 5 days after birth or midwife with each local Registrar within 5 days after birth.