

PLACE OF BIRTH  
 County of DeLa  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

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

State Index No. 141  
 Co. Register No. 611  
 Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Nov. 3 - 1919</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Juan Maeda</u>	Residence <u>811 100 Miami - Ariz.</u>		Full Maiden Name <u>María Rodriguez</u>	Residence <u>Chick Hill Miami Ariz.</u>	
Color or Race <u>Mex</u>	Age at last Birthday _____ (Years)	Birthplace <u>Mexico</u>	Color or Race <u>Mex</u>	Age at last Birthday _____ (Years)	Birthplace <u>Mex</u>
Occupation <u>miner</u>			Occupation <u>Housewife</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\***

hereby certify that I attended the birth of the above child; and that it occurred on Nov. 3 - 1919, at 4 P. M.

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

(Signature) Cyril M. Cron M.D.  
 (Attending physician, midwife, householder.)

Address Miami - Arizona  
200 Braxton  
 LOCAL REGISTRAR.

Given or Christian name added from a supplemental report \_\_\_\_\_ 191...  
441-1103-499  
 COUNTY REGISTRAR.

Filed 11/30 1919.    A True Copy  
Belcher  
 COUNTY REGISTRAR.