

the number of each, in order of birth, stated. This certificate must be filed by the local Registrar within 5 days after birth.

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

PLACE OF BIRTH  
 County of Gila State Index No. 173  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 143  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

Sex of Child Female Twin, Triplet or other  and Number in order of birth \_\_\_\_\_ Legitimate yes Date of Birth Feb 29 1920  
 Month Day Yr.

**FATHER**  
 Full Name Martin Martinez  
 Residence Miami, Ariz.  
 Color or Race Mexican Age at last Birthday 34 Years  
 Birthplace Mexico  
 Occupation Miner

**MOTHER**  
 Full Maiden Name Helasia Hernandez  
 Residence Miami, Ariz.  
 Color or Race Mexican Age at last Birthday 29 Years  
 Birthplace Mexico  
 Occupation Housewife

Number of child of this Mother 4 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 Feb. 29 1920, at 7:50 P.M.

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

Signature C. R. Swackhammer, M.D.  
 Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Miami, Ariz.  
D. H. Slaughter  
 LOCAL REGISTRAR.

549-229-889  
 COUNTY REGISTRAR.

Filed 3/22/20 1920  
 Filed Mar 6 1920 A True Copy

B. J. Fox  
 COUNTY REGISTRAR.