

4049

This certificate must be filed with each local Registrar within 5 days after birth.

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

**ORIGINAL CERTIFICATE OF BIRTH**

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

State Index No. 125  
Co. Registrar's No. 322  
Local Registrar's No. \_\_\_\_\_

(No. 113 Grover Canyon St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Jose' Guzman  
If child is not named, make Supplemental Report of blank obtainable from local registrar. } Born } YES  
Alive } ~~NO~~

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 2</u> 19 <u>40</u>
					Month Day Yr.

**FATHER**

Full Name Jose' Guzman  
Residence Miami, Ariz  
Color or Race Mexican Age at last Birthday 34 Years  
Birthplace Mexico  
Occupation worker in Copper mine

**MOTHER**

Full Maiden Name Librada Martinez  
Residence Miami  
Color or Race Mexican Age at last Birthday 19 Years  
Birthplace Mexico  
Occupation Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 2 | 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 June 2 1940, at \_\_\_\_\_ M.

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

Signature J. H. Slaughter  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 19    

Address Miami, Ariz

175-602-349  
COUNTY REGISTRAR.

Filed June 3 1940 A True Copy  
Filed 6/20 1940  
T. H. Slaughter LOCAL REGISTRAR.  
B. J. Jax COUNTY REGISTRAR.