

2154

This certificate must be filed by the attending physician or midwife with each 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. 133  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 412  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Miami (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Julia 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 No and Number in order of birth 1st Date of Birth 7/9/20  
 Month Day Yr.

FATHER  
 Full Name Ignacio Martinez  
 Residence Miami, Ariz.  
 Color or Race Mexican Age at last Birthday 30 Years  
 Birthplace Mexico  
 Occupation miner

MOTHER  
 Full Maiden Name Maria Gutierrez  
 Residence Miami, Ariz.  
 Color or Race Mexican Age at last Birthday 22 Years  
 Birthplace Mexico  
 Occupation factory worker

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\*

I hereby certify that I attended the birth of the above child; and that it occurred on 7/9/20 at 11 P. M.

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

Signature [Signature]  
 Attending physician, midwife, householder.\*

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

Address Miami, Ariz.

149-709-479  
 COUNTY REGISTRAR.

Filed 7/15/20 1920

A True Copy

Filed 7-20-20 1920

[Signature]  
 LOCAL REGISTRAR.  
[Signature]  
 COUNTY REGISTRAR.