

218

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 158
 Co. Register No. 466
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. Lower Miami St; _____ Ward)

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

Sex of Child	Male	Twin, Triplet or other	}	and	}	Number in order of birth	Legitimate?	Yes	Date of Birth	Aug. 4 19 <u>20</u>
									(Month) (Day) (Yr.)	
FATHER						MOTHER				
Full Name	<u>Petronilo Martinez</u>					Full Maiden Name	<u>Callitan Alimon</u>			
Residence	<u>Lower Miami</u>					Residence	<u>Lower Miami</u>			
Color or Race	<u>Mexican</u>	Age at last Birthday	<u>30</u>	(Years)	Color or Race	<u>Mexican</u>	Age at last Birthday	<u>25</u>	(Years)	
Birthplace	<u>Mexico</u>					Birthplace	<u>Mexico</u>			
Occupation	<u>"Skinner" in Copper Smelter</u>					Occupation	<u>Housewife</u>			
Number of child of this mother	<u>5</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*

hereby certify that I attended the birth of the above child; and that it occurred on Aug. 4 1920, at 11:30 P.M.

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

(Signature) J. J. Miller
 (Attending physician, midwife, householder.)

Given or Christian name added from a supplemental report _____ 101 _____

Address Miami Ariz

Filed 8/13/20 1920 TK Slawick
 LOCAL REGISTRAR.

Filed 8.20 1920 B. S. Jay
 COUNTY REGISTRAR.

A True Copy

449-809-215
 COUNTY REGISTRAR.