

1195

PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**  
 County of Gila BUREAU OF VITAL STATISTICS State Index No. 155  
 District of Globe ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 536  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe (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 } and } Number in order of birth \_\_\_\_\_  
 Twin, Triplet or other \_\_\_\_\_ Legitimate? Yes Date of Birth Sept 11 1920  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Angel R. Martinez  
 Residence Globe, Arizona  
 or Race White Mex Age at last Birthday 34 (Years)  
 Birthplace Bisbee, Arizona  
 Occupation Office Clerk

MOTHER  
 Full Maiden Name Guadalupe Silvas  
 Residence Globe, Arizona  
 Color or Race White Mex Age at last Birthday 25 (Years)  
 Birthplace Lower California, Mexico  
 Occupation Housewife

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 Sept 11 1920, at 8:30 A. M.  
 \*When there is no attending physician or midwife, then the householder should make this return. (Signature) Alvin Krumpholtz M.D.  
 (Attending physician, midwife, householder\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_  
 Address Globe, Arizona  
1805 2nd  
 LOCAL REGISTRAR.

Filed SEP 15 1920 A True Copy  
149-911-722 Filed Oct 5 1920  
 COUNTY REGISTRAR. COUNTY REGISTRAR.