

4150

PLACE OF BIRTH
 County of Gila ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS State Index No. 134
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 724
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St. _____ Ward _____)

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

Sex of Child Boy Twin, Triplet or other } and } Number in order of birth 1 Legiti- mate? Yes Date of Birth Dec. 3, 1920
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Nicolas Martinez</u>	Full Maiden Name	<u>Elisa Maldonado</u>
Residence	<u>Globe, Arizona</u>	Residence	<u>Globe, Arizona</u>
Color or Race	<u>Mexican</u>	Color or Race	<u>Mexican</u>
Age at last Birthday	<u>29</u> (Years)	Age at last Birthday	<u>23</u> (Years)
Birthplace	<u>Mexico</u>	Birthplace	<u>Mexico</u>
Occupation	<u>Assayer's helper</u>	Occupation	<u>Housewife</u>

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 Dec. 3, 1920, at 60 M.

{ *When there is no attending physi-
 cian 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 [Address]

Filed 12/15 1920... LOCAL REGISTRAR.

549-1203-546
 COUNTY REGISTRAR.

A True Copy
 Filed 12/15 1920... COUNTY REGISTRAR.