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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

State Index No. 576

PLACE OF BIRTH
County of Pima
District of _____
Town of _____
or _____
City of Hayden

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 576
Local Registrar's No. 771

FULL NAME OF CHILD Emma Martinez Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child Female Twin, Triplet or other } and { Number in order of birth 1st Legitimate? Yes Date of Birth Jan. 17th 1921
Month Day Yr.

FATHER
Full Name C. F. Martinez
Residence Hayden, Ariz.
Color or Race Mex. Age at last Birthday 39 Years
Birthplace Mex
Occupation Laborer

MOTHER
Full Maiden Name Trinidad de Lanza
Residence Hayden Ariz
Color or Race Mex Age at last Birthday 36 Years
Birthplace Mex
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 1 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 Jan 17 1921, at 9a.M.
*When there is no attending physician or midwife, then the householder should make this return.

Signature Dr. J. H. Carson
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191

Address Hayden Ariz

549-117-341
COUNTY REGISTRAR.

Filed Jan 17 1921
Filed 2/8 1921

A True Copy

J. B. Duff
LOCAL REGISTRAR.
B. J. Slat
COUNTY REGISTRAR.