

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167
 Co. Registrar No. 907
 Local Registrar's No. _____

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

Sex of Child Male { and } Number in order of birth _____ Legitimate? Yes Date of Birth May 18 1921
 (Month) (Day) (Yr.)

FATHER
 Full Name Manuel Fernandez Martinez
 Residence Miami, Ariz.
 Color or Race White Age at last Birthday 32
 (Years)
 Birthplace Spain
 Occupation Laborer in a warehouse

MOTHER
 Full Maiden Name Elvinda San Emeterio
 Residence Miami, Ariz.
 Color or Race White Age at last Birthday 39
 (Years)
 Birthplace Spain
 Occupation Housewife

Number of Child of this mother 7 Number of children of this mother now living 6 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 May 18 1921, at A.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 _____ 192. Filed May 20 1921 Address Miami, Ariz.
B. W. Hardy M.R.
 LOCAL REGISTRAR

349-518-056 Filed 6-1 1921 A True Copy B. G. Fox
 COUNTY REGISTRAR. COUNTY REGISTRAR.