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For each child born, a SEPARATE REPORT must be filed by the attending Physician, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Gila
 District of Globe
 Town of _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170
 Co. Registrar's No. 376
 Local Registrar's No. _____

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

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth } Legiti- mate? Yes } Date of Birth July 19, 1921 191-
 Month Day Yr.

FATHER
 Full Name Nick Martinez
 Residence Globe Arizona.
 Color or Race Mexican Age at last Birthday 35 Years
 Birthplace New Mexico.
 Occupation Clerk

MOTHER
 Full Maiden Name Martha Alvilas
 Residence Mexico Globe, Arizona.
 Color or Race Mexican Age at last Birthday 35 Years
 Birthplace Mexico.
 Occupation Housewife

Number of child of this Mother 6 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 July 19, 1921, at 9PM.

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

Signature G. E. Wightman
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191- _____

Address Globe, Arizona.

549-719-412
 COUNTY REGISTRAR.

Filed 7-23 191- _____

Filed Aug 5 192-1- _____
 A True Copy

[Signature]
 LOCAL REGISTRAR.
[Signature]
 COUNTY REGISTRAR.