

199

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118 ✓
Co. Register No. 603
Local Registrar's No. _____

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

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Eugenio Martinez { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } ~~No~~

Sex of Child M. Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Nov. 25 1921
(Month) (Day) (Yr.)

FATHER
Full Name Feliciano Martinez
Residence Globe, Arizona
Color or Race Mexican Age of last Birthday 39 (Years)
Birthplace Mexico
Occupation Laborer

MOTHER
Full Maiden Name Thomasasa Mendez
Residence Globe, Arizona
Color or Race Mexican Age of last Birthday 35 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 9 Number of children, of this mother, now living 7 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 Nov. 25 1921, at 12³⁰ AM.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) C. W. Adams
(Attending physician, midwife, householder)

Address Globe, Arizona

Given or Christian name added from a supplemental report _____ 192_____
549-1125-349
COUNTY REGISTRAR.

Filed Nov 28 1921

File Dec 5 1921 A True Copy

V. E. Fox
LOCAL REGISTRAR.
V. E. Fox
COUNTY REGISTRAR.

within 5 days after birth.