

858

or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

County of Hila State Index No. 120
 District of _____ Co. Registrar's No. 639
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward)

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec. 28 - 1921</u>
FATHER Full Name <u>Ignacio Martinez</u> Residence <u>Miami, Ariz.</u> Color or Race <u>Mex.</u> Age at last Birthday <u>30</u> Years Birthplace <u>Sinaloa, Mex.</u> Occupation <u>Miner</u>		MOTHER Full Maiden Name <u>María Gutierrez</u> Residence <u>Miami, Ariz.</u> Color or Race <u>Mex</u> Age at last Birthday <u>26</u> Years Birthplace <u>Durango, Mex</u> Occupation <u>Housewife</u>			

Number of child of this Mother 3 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. 28, 1921, at 4 A. M.

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

Signature C. M. Crow M.D.
 Attending physician, midwife, householder.*

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

Address Miami, Ariz.

Filed Dec 30 1921 LOCAL REGISTRAR. B. M. Ward

Filed Jan 6 1922 COUNTY REGISTRAR. A. G. Jay

949-1228-479 COUNTY REGISTRAR.