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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 191
Co. Register No. 8

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Gila
District of Globe
Town of Globe or City of Globe

(No. County Hospital) Local Registrar's No. _____

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

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth } 1 } Date of Birth Mar 12 1922
(Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name <u>Not given</u>	Residence _____	Full Maiden Name <u>Maria Martinez</u>	Residence <u>Globe</u>
Color or Race _____	Age at last Birthday _____ (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>25</u> (Years)
Birthplace _____	Occupation _____	Birthplace <u>Mex</u>	Occupation <u>H.</u>

Number of child of this mother 4 | Number of Children, of this mother, now living 3 | 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 Mar 12 1922 at 2:30 AM.

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

(Signature) B. G. Gray
(Attending physician, midwife, householder. *)

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

Filed Mar 13 1922 LOCAL REGISTRAR.
A True Copy
Filed 4/5 1922 COUNTY REGISTRAR.

149-312-449
COUNTY REGISTRAR.