

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

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

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or _____
City of _____ No. 1098 Adobe Hill st. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 182
Co. Registrar No. 395
Local Registrar No. _____

2. Full name of child Trinidad Martinez } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug. 27, 1922</u> (Month, day, year)
5. No., in order of birth.				

8. FATHER Full name <u>Valente Martinez</u>	14. MOTHER Full maiden name <u>Luc Torres</u>
9. Residence (Usual place of abode) If nonresident, give place and State <u>Miami, Ariz.</u>	15. Residence (Usual place of abode) If nonresident, give place and State <u>Miami, Ariz.</u>
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>30</u> (Years)	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexican</u>	18. Birthplace (city or place) (State or country) <u>Mexico</u>
13. Occupation Nature of Industry <u>Mina (copper)</u>	19. Occupation Nature of Industry <u>Housewife</u>

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:40 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. [unclear]
(Physician or midwife)

Address _____

Given name added from a supplemental report _____
(Month, day, year)

Filed Aug 31, 1922 B. M. [unclear] Local Registrar.
Filed 9-7, 1922 [unclear] County Registrar.

349-827-332
Registrar.