

4735

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. 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 \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS State Index No. 101  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 149  
Local Registrar's No. 18

FULL NAME OF CHILD Elena 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 \_\_\_\_\_ } Legitimate? yo } Date of Birth Sept 3 1922  
(Month) (Day) (Yr.)

FATHER  
Full Name Julio S. Martinez  
Residence Hayden, Ariz  
Color or Race Mexican Age at last Birthday 30 (Years)  
Birthplace Mexico  
Occupation Store Proprietor

MOTHER  
Full Maiden Name Maria Acido  
Residence Hayden, Ariz  
Color or Race Mexican Age at last Birthday 28 (Years)  
Birthplace Mexico  
Occupation Housewife

Number of child of this mother 5 Number of children, of this mother, now living \_\_\_\_\_ Were precautions taken against Ophthalmia neonatorum? yo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 2 1922 at 2:20 P.M.  
(When there is no attending physician or midwife, then the householder should make this return.)  
(Signature) John P. Winkler  
(Attending physician, midwife, householder.)\*

Given or christian name added from a Supplemental report \_\_\_\_\_ 191\_\_\_\_  
Address Hayden Ariz  
2137 Wash

Filed Sept 7 1922 LOCAL REGISTRAR.  
Filed Oct 8 1922 A True Copy B. E. Fox COUNTY REGISTRAR.

COUNTY REGISTRAR.