

1623

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Globe
or
City of: _____ No. _____ St. _____ Ward) _____

ARIZONA STATE BOARD OF HEALTH 127
BUREAU OF VITAL STATISTICS State Index No. 304
ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. _____
Local Registrar No. _____

2. Full name of child Jesus martinez jr. If child is not yet named, make supplemental report, as directed

3. Sex of child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. L 5. Legitimate? yes 7. Date of birth 5/8/23 (Month, day, year)

8. FATHER Full name Jesus martinez

14. MOTHER Full maiden name Julia montis

9. Residence (Usual place of abode) If nonresident, give place and State Globe, Ariz.

15. Residence (Usual place of abode) If nonresident, give place and State Globe, Ariz.

10. Color or race mexican 11. Age at last birthday 30 (Years)

16. Color or race mexican 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico (State or country)

18. Birthplace (city or place) Mexico (State or country)

13. Occupation Nature of Industry miner

19. Occupation Nature of Industry Housewife

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 4 (b) Born alive but now dead 2 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 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 T.C. Harper, M.D. (Physician or midwife)
Address Globe, Arizona

Given name added from a supplemental report _____ (Month, day, year) Filed 3/10, 1923 B.G. Gray Local Registrar.

Registrar. Filed 6-6, 1923 B.G. Gray County Registrar.

149-508-142