

1144

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.

### ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145  
County Registrar No. 522  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Dade  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

2. Full name of child Juanita Martinez  
No. \_\_\_\_\_ of birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 12 6. Legitimate? yes 7. Date of birth May 16-1923  
Month Day Year

8. FATHER  
Full name Pedro L. Martinez  
9. Residence (Usual place of abode) Miami, Ariz.  
If nonresident, give place and state

14. MOTHER  
Full maiden name Fedalia Ordisio  
15. Residence (Usual place of abode) Miami, Ariz.  
If nonresident, give place and state

10. Color or race Mex  
11. Age at last birthday 48 (Years)

16. Color or race Mex  
17. Age at last birthday 37 (Years)

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

18. Birthplace (city or place) (State or country) Montesela Mex

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 12  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born at 12:30 p.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 E. M. Crow M.D.  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed May 31, 1923 Local Registrar. P. J. Davis  
Filed 6-10, 1923 County Registrar. B. G. J. J.

Registrar.

149-516-654