

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122  
County Registrar No. 586  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of Globe  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child inez martinez 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 - 6. Legitimate? yes 7. Date of birth Sept. 9, 1923  
Month Day Year

8. FATHER  
Full name pedro martinez  
9. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state  
10. Color or race mex.  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation  
Nature of industry mina

14. MOTHER  
Full maiden name Paulina Cordova  
15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state  
16. Color or race mex.  
17. Age at last birthday 26 (Years)  
18. Birthplace (city or place) Clifton  
(State or country) Arizona  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 3  
(b) Born alive but now dead 1  
(c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.) 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 alive at 8:30 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 T.C. Harper, M.D.  
Address Globe, Ariz.  
(Physician or midwife)

Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_ Month, day, year.  
Filed Sept 12, 1923 \_\_\_\_\_  
Filed Oct 6, 1923 \_\_\_\_\_  
Registrar. \_\_\_\_\_  
County Registrar.

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.

949-909-731