

1900

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195

District of \_\_\_\_\_

County Registrar No. 815

Town of Miami

Local Registrar No. \_\_\_\_\_

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 Juan Martinez } 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 3 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth Nov. 30-1923  
Month day year

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

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

10. Color or race Mex  
11. Age at last birthday 40 (Years)

16. Color or race Mex  
17. Age at last birthday 35 (Years)

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

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

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 herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against syphilis neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 4 A. 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 evidences of life after birth.  
Signature C. M. Crow M.D. (Physician or midwife)

Address Miami, Ariz.  
Filed Dec 31 1923 C. E. Jones Local Registrar.

Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed 1-5 1924 B. G. J. Cox County Registrar.

Registrar.

149-1130-962