

237

2.-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

1. County of Gila State Index No. 176
District of _____ County Registrar No. 587
Town of _____ Local Registrar No. 56
or _____
City of Hayden St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norberto 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 _____ 5. Legitimate? yes 6. Date of birth Dec 31, 1923
Month Day Year

| | |
|--|---|
| 8. FATHER Full name <u>Mmanuel Martinez</u> | 14. MOTHER Full maiden name <u>Anita Corona</u> |
| 9. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state | 15. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state |
| 10. Color or race <u>Mexican</u> | 16. Color or race <u>Mexican</u> |
| 11. Age at last birthday <u>24</u> (Years) | 17. Age at last birthday <u>17</u> (Years) |
| 12. Birthplace (city or place) <u>Mexico</u> (State or country) | 18. Birthplace (city or place) <u>Mexico</u> (State or country) |
| 13. Occupation Nature of industry <u>Laborer</u> | 19. Occupation <u>Housewife</u> Nature of industry |
| 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 <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____ | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was normal at 9:55 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 Dr. Roy C. Ludwig (Physician or midwife)
Address Hayden, Ariz
Given name added from _____
Month, day, year. _____
Filed Jan 24, 1924 _____ Local Registrar.
Filed 1-8, 1924 B. J. Fox County Registrar.

549-1231-131