

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of _____
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143
County Registrar No. 558
Local Registrar No. _____

2. Full name of child Marina Martinez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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. no
5. No., in order of birth. yes
6. Legitimate? yes
7. Date of birth July 18-1924
Month day year

8. FATHER
Full name Nicolas Martinez
9. Residence (Usual place of abode) Deport Hill 238
If nonresident, give place and state

14. MOTHER
Full maiden name Maria Valdez de Martinez
15. Residence (Usual place of abode) Deport Hill 238
If nonresident, give place and state

10. Color or race Mex
11. Age at last birthday 28 (Years)

16. Color or race Mex
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) San Francisco
(State or country) Puerto Rico

18. Birthplace (city or place) Jerez de la frontera
(State or country) Veracruz

13. Occupation
Nature of industry miner

19. Occupation
Nature of industry Lawyer

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

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 evidences of life after birth.
Given name added from a supplemental report

Signature Rosa Cortes (Physician or midwife)
Address Migueli Sutherland St. 810

Filed July 31 1924
Local Registrar.

Filed AUG 24 1924
County Registrar.

Registrar.

449-718-459

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.