

11511

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.  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 INK MANUALLY RESERVED FOR BINDING  
 In order of birth stated.

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137  
 County Registrar No. 638  
 Local Registrar No. \_\_\_\_\_

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

2. Full name of child Beente Martinez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male  
To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_ yes Legitimate? yes  
 5. No., in order of birth 4

7. Date of birth Aug. 13-1924  
Month day year

FATHER		MOTHER	
8. Full name <u>Luis Martinez</u>	14. Full maiden name <u>Rosa Garcia</u>	9. Residence (Usual place of abode) <u>Miami Ariz</u>	15. Residence (Usual place of abode) <u>Miami Ariz</u>
10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>	11. Age at last birthday <u>32</u> (Years)	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Jalisco Mex</u>	18. Birthplace (city or place) <u>Durango Mex</u>	13. Occupation <u>Miner</u>	19. Occupation <u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>4</u>		<u>yes</u>	
(b) Born alive but now dead _____			
(c) Stillborn _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 7:00 p.m. on the date above stated.

Signature Byrd M. Brown M.D.  
 Address Miami Ariz  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Filed Aug 31, 1924 Local Registrar. B. E. Dinn  
 Filed 9-3-24 County Registrar. B. E. Dinn

Registrar. \_\_\_\_\_

249-813-971