

143

PLACE OF BIRTH

County of Gila
District of _____
Town of _____
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105
County Registrar No. 801
Local Registrar No. _____

2. Full name of child Belle 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 0
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth 10-1-24
Month day year

5. FATHER
Full name Carlos Martinez

14. MOTHER
Full maiden name Philippa Montoya

9. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mex.
11. Age at last birthday 26 (Years)

16. Color or race Mex.
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Dos Cabaroz
(State or country) Arizona

18. Birthplace (city or place) _____
(State or country) New Mexico

13. Occupation
Nature of industry Laborer

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 6
(b) Born alive but now dead 0
(c) Stillborn 0

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 10:30 AM on the date above stated.
(Born alive or stillborn.)

Signature W. Adams
(Physician or midwife)

Address Globe, Ariz.
Month, day, year. Filed 11-7-24 1924

Registrar. Filed 11-13-24 1924
Local Registrar. R. J. Jay
County Registrar.

249-1001-741

M. B.—In case of more than one child at a birth, a SEP. in order.