

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

**PLACE OF BIRTH**

1. County of Casa  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. 63 Miami Ave., St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 135  
 County Registrar No. 569  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Rozal 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 \_\_\_\_\_ Legitimate? Yes } 7. Date of birth Nov. 3-1924  
 Month day year

FATHER		MOTHER	
8. Full name <u>Rozal Martinez</u>	14. Full maiden name <u>Maria Martinez</u>	9. Residence (Usual place of abode) <u>Miami Fla.</u> <small>If nonresident, give place and state</small>	15. Residence (Usual place of abode) <u>Miami Fla.</u> <small>If nonresident, give place and state</small>
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>	11. Age at last birthday <u>22</u> (Years)	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> <small>(State or country)</small>	18. Birthplace (city or place) <u>Mexico</u> <small>(State or country)</small>	13. Occupation <u>miner</u> <small>Nature of industry</small>	19. Occupation <u>Housewife</u> <small>Nature of industry</small>
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? <u>yes</u>	
(a) Born alive and now living _____ (b) Born alive but now dead <u>None</u> (c) Stillborn _____			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7 P. m. on the date above stated.  
(Born alive or stillborn.)

Signature R. L. Arterius  
(Physician or midwife)  
 Address Miami Fla.  
 Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Filed 764 30 1924 Local Registrar: \_\_\_\_\_  
 Filed DEC 5 1924 County Registrar: B. G. J. 104

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.

949-1103-449