

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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Sila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>140</u>
District of <u>Hayden</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>574</u>
Town of <u>Hayden</u>			Local Registrar No. <u>52</u>
or			
City of _____	No. _____	St. _____	Ward _____
2. Full name of child <u>Frederick Martinez</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate? <u>Yes</u>
6. Date of birth <u>Nov 6 1924</u>	7. Month <u>Nov</u>	8. Day <u>6</u>	9. Year <u>1924</u>
3. FATHER		14. MOTHER	
Full name <u>Clement F. Martinez</u>		Full maiden name <u>Frederick Forra</u>	
9. Residence <u>Hayden</u>		15. Residence <u>Hayden</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>42</u> (Years)	16. Color of race <u>Mexican</u>	17. Age at last birthday <u>39</u> (Years)
12. Birthplace (city or place) <u>Chihuahua</u>	(State or country) <u>Mexico</u>	18. Birthplace (city or place) <u>Matzulan</u>	(State or country) <u>Mexico</u>
13. Occupation <u>Laborer</u>	Nature of industry	19. Occupation <u>House wife</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.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>2</u>		<u>Yes</u>	
(b) Born alive but now dead <u>3</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>6:20 am</u> on the date above stated.			
*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.		Signature <u>Charles H. Hester, M.D.</u>	
Given name added from a supplemental report _____		Address <u>Hayden, Arizona</u>	
Month, day, year. _____		(Physician or midwife)	
Registrar. _____		Filed <u>Nov 29</u> , 1924 <u>4575 Hayden</u>	
		Filed <u>12-7</u> , 1924 <u>P. J. Coy</u>	
		Local Registrar. _____	
		County Registrar. _____	

349-1106-631