

2024

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

PLACE OF BIRTH
1. County of Gila
District of Hoyden Ariz
Town of _____
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Epiminio 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 _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth Dec 22 1924
Month day year

8. FATHER Full name <u>Epiminio Martinez</u>		14. MOTHER Full maiden name <u>Josefa Valenzuela</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Hoyden Ariz</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Hoyden Ariz</u>	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>36</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mayagadilla Sonora Mexico</u>		18. Birthplace (city or place) (State or country) <u>Monteras Sonora Mexico</u>	
13. Occupation Nature of industry <u>Laborer</u>		19. Occupation Nature of industry <u>House Wife</u>	

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 2
(b) Born alive but now dead _____
(c) Stillborn _____

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 9:30 P.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 _____
Month, day, year.

Signature Amelia Lopez (Physician or midwife)
Address Hoyden Ariz
Filed Dec 31, 1924
Filed 1-12 1925

Registrar. _____
County Registrar. W. J. Deak

in order of birth stated.

549-1222-156