

MARGIN RESERVED FOR BANDING

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 Gila
 District of _____
 Town of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135
 County Registrar No. _____
 Local Registrar No. _____

City of Miami No. 3900 Turkeyhead canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomasa Martinez } 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 _____ 5. Legitimate? _____ 6. Legitimate? _____ 7. Date of birth 3-7-25
 Month day year

9. FATHER
 Full name Roman Martinez
 Residence 3900 Turkeyhead canon
 (Usual place of abode)
 If nonresident, give place and state Miami

14. MOTHER
 Full maiden name Maria Castro
 Residence 3400 Turkeyhead canon
 (Usual place of abode)
 If nonresident, give place and state Miami

10. Color or race Mexican

16. Color or race Mexican

11. Age at last birthday 48 (Years)

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Tanora
 (State or country) Mexico

18. Birthplace (city or place) Tanora
 (State or country) Mexico

13. Occupation
 Nature of industry Mason

19. Occupation
 Nature of industry Home Keeper

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 2 (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 alive at 4 a.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.
 Signature J. P. Marino D. O. (Physician or midwife)

Address 90 Hill Street S.W. Miami
 Filled April 5, 1925 Miami & Boynton
 Local Registrar

Given name added from a supplemental report _____ Month, day, year. _____ Filled _____ : _____ County Registrar.

349 - 307 - 436