

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

State File No. 232
 Registered No. 93

1. PLACE OF BIRTH

County Casa Grande State _____
 District or Township Inspiration or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Ranuelo Martinez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Male

5. No., in order of birth _____

Yes

May-26-1925
 Month Day Year

8. FATHER
 Full name Filippe Martinez

14. MOTHER
 Full maiden name Maria Jenuary

9. Residence
 (Usual place of abode) Inspiration
 If non-resident, give place and state.

15. Residence
 (Usual place of abode) Inspiration
 If non-resident, give place and state.

10. Color or race
Mexican

11. Age at last birthday 37 (Years)

16. Color or race
Mexican

17. Age at last birthday 27 (Years)

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

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

13. Occupation
 Nature of industry miner

19. Occupation
 Nature of industry House wife

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 1
 (c) Stillborn none

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 _____ at 10 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 evidence of life after birth.

Signature P. J. Jotel md
M. S. Long
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____

Address _____
 Filed June 6, 1925 C. E. Dorn
 Registrar Registrar

949-506-419

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.