

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

State File No. 191
 Registered No. 271

1. PLACE OF BIRTH
 County Globe State Arizona

District or Township _____ or Village _____
 City Globe No. King Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Novato 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 Oct. 23, 1925
 Month Day Year

8. FATHER
 Full name Vipido Martinez
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz

14. MOTHER
 Full maiden name Valdina Francisco
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz

10. Color or race Mexican
 11. Age at last birthday 49 (Years)

16. Color or race Mexican
 17. Age at last birthday 33 (Years)

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

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

13. Occupation
 Nature of industry Laborer

19. Occupation
 Nature of industry Housewife

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 one
 (b) Born alive but now dead one
 (c) Stillborn 0 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 1:10 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 evidence of life after birth.
 Signature Bosewin, M.D.
Globe Physician
(Physician or midwife).

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

Filed 10/31 1925 W. W. Horsh
 Registrar Registrar

Registrar 549-1023-561

N. 2.-In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

N. 1. RECORD