

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 195

Registered No. 439

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marcell 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 0 6. Legitimate? Yes 7. Date of birth Dec. 31, 1925  
Month Day Year

8. FATHER Full name Jose Martinez

14. MOTHER Full maiden name Maria Romero

9. Residence (Usual place of abode) 99 Red Springs  
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 33 (Years)

16. Color or race Mex 17. Age at last birthday 23 (Years)

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

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

13. Occupation miner (copper)  
Nature of industry Copper miner

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother three (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living three (b) Born alive but now dead one (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? Yes 1% AgNO<sub>3</sub>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:30 a.m. on the date above stated (born alive or stillborn.)

Signature P. D. Jones, M.D. Physician (Physician or midwife).

Given name added from supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filled Jan 9, 1926 Registrar L. G. Iron

Registrar

449-1231-496

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD