

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

CERTIFICATE AMENDED
SEE NOTATION

#278 CORR as per doc. & Aff. 4-4-74 sub

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

State File No. 140-474
Registered No. 474

PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____

City Miami No. 903 Sullivan St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Basilisa Martin (If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Jan. 9, 1926
Month Day Year

FATHER
Full name Victoriano Martin

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

8. Color or race Mex. 11. Age at last birthday 29 (Years)

2. Birthplace (city or place) Jalisco, Mex.
(State or country)

3. Occupation
Nature of industry Miner

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 1
(b) Born alive but now dead 1
(c) Stillborn _____

MOTHER
Full maiden name Rosa Pena

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

16 Color or race Mex. 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Jalisco, Mex.
(State or country)

10. Occupation
Nature of industry Housewife

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 at 11:30 a. m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
Month, day, year

Filed Feb 7, 1926 Registrar Ed E. J. ...

549-109-9771