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.

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

State File No. 182
Registered No. 48

1. PLACE OF BIRTH

County: Gila
State: Arizona
District or Township: Copper Hill
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: Jose 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: 2
5. No., in order of birth:

6. Legitimate? yes

7. Date of birth: Feb. 27, 1926 (Month Day Year)

8. FATHER
Full name: Jesus Martinez
9. Residence (Usual place of abode): Copper Hill, Ariz.
If non-resident, give place and state:
10. Color or race: Mexican
11. Age at last birthday: 37 (Years)
12. Birthplace (city or place): Mexico
(State or country)
13. Occupation: Miner
Nature of industry:

14. MOTHER
Full maiden name: Hala Montis
15. Residence (Usual place of abode): Copper Hill, Ariz
If non-resident, give place and state:
16. Color or race: Mexican
17. Age at last birthday: 31 (Years)
18. Birthplace (city or place): Mexico
(State or country)
19. Occupation: Housewife
Nature of industry:

20. Number of children of this mother: Eight
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living: six
(b) Born alive but now dead: Two
(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 born alive (Born alive or stillborn.) at 9:30 A.M. on the date above stated

*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: T. C. Harper, M.D.
physician (Physician or midwife).
Address: Globe, Ariz.

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

Filed 2/28, 1926 Dr. W. Horst
Registrar

149-227-442