

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 96

District of \_\_\_\_\_

Town of Miami

County Registrar No. 686

or

City of \_\_\_\_\_

No. 631A Central School Hill St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Francisco 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth June 5, 1926  
 Month Day Year

8. FATHER  
 Full name Pedro Martinez  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday 49 (Years)  
 12. Birthplace (city or place) Monteselo, New Mexico  
 (State or country)  
 13. Occupation Miner  
 Nature of industry mining

14. MOTHER  
 Full maiden name Fedelia Elisis  
 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 39 (Years)  
 18. Birthplace (city or place) Monteselo, New Mex.  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

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 12  
 (b) Born alive but now dead 3  
 (c) Stillborn \_\_\_\_\_

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 8 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 Byril M. Brown, M.D.  
 Address Miami, Arizona (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_ Filed July 7, 1926 \_\_\_\_\_  
 Registrar \_\_\_\_\_ Local Registrar D. E. Iron

County Registrar \_\_\_\_\_

649-605-656