

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 Chia

BUREAU OF VITAL STATISTICS

State Index No. 164

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 770

Town of _____

Local Registrar No. _____

or Miami
City of _____

No. 125 Gibson St. _____ Ward _____

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

2. Full name of child Alonso 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

7. Date of birth Aug 10 1926
Month day year

5. No., in order of birth _____

FATHER

8. Full name Leopoldo Martinez

MOTHER

14. Full maiden name Jesus Sisma

9. Residence (Usual place of abode) Miami City
If nonresident, give place and state

15. Residence (Usual place of abode) Miami City
If nonresident, give place and state

10. Color or race Mexico

11. Age at last birthday 38 (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 miner
Nature of industry

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 5
(b) Born alive but now dead 3
(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 or stillborn.) at 5 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 evidences of life after birth.

Signature P. J. Antelmas
(Physician or midwife)

Address Miami City

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

Filed Aug 12 1926 _____
Local Registrar.

Filed _____ 19 _____
County Registrar.

Registrar.

County Registrar.

147-110-121