

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

State File No. 150
 Registered No. 59

1. PLACE OF BIRTH

County Gda. State _____
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Victor Corona 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
 5. No., in order of birth. _____ 7. Date of birth Sept 19 1926
 Month Day Year

8. FATHER
 Full name Fosilo S. Martinez
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Antonia Corona
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 25 (Years)

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

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

18. Birthplace (city or place) Yuma Arizona
 (State or country)

13. Occupation Clerk
 Nature of Industry Swan

19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother. 1 } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead _____
 certified and including this child.) } (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 alive or _____) at _____ 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 Charles B. Bush

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

(Physician or midwife)
 Address Hayden Ariz

Filed Sept 20 1926 W. B. Dask
 Registrar

549-919-131