

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

State File No. 159
949
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 98 Red Springs St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amparo Martinez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes
7. Date of birth Dec 16 1926
Month Day Year

8. FATHER
Full name Vicente Martinez
9. Residence 98 Red Springs
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Delfina Torres
15. Residence 98 Red Springs
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 29 (Years)

16. Color or race Mexican
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Validina
(State or country) Durango Mexico

18. Birthplace (city or place) Nagas
(State or country) Durango Mexico

13. Occupation Miner
Nature of Industry _____

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(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 Aline at 4:30 p.m. on the date above stated
(Born alive or stillborn.)

Signature Rosa Cortez
(If physician or midwife)

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

Address 708 Sullivan St Miami Ariz
Filed Dec 28 1926 C. E. Drin
Registrar

Registrar

1412-1216-432

...-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.