

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

BUREAU OF VITAL STATISTICS

State Index No. 201

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 275No. Near R. R. Roundhouse St. _____ Ward _____

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

2. Full name of child Brigides Martinez Jr. } 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? ya 7. Date of birth Dec 31-1926

5. No. in order of birth _____ 7. Date of birth Month day year

8. FATHER

Full name Brigides Martinez9. Residence (Usual place of abode) Globe

If nonresident, give place and state _____

10. Color or race Mex11. Age at last birthday 51 (Years)12. Birthplace (city or place) Jalisco(State or country) Mexico13. Occupation Laborer

Nature of industry _____

14. MOTHER

Full maiden name Francisca Valdivia15. Residence (Usual place of abode) Globe

If nonresident, give place and state _____

16. Color or race Mex17. Age at last birthday 33 (Years)18. Birthplace (city or place) Jalisco(State or country) Mexico19. Occupation Housewife

Nature of industry _____

20. Number of children of this mother { (a) Born alive and now living 6
(b) Born alive but now dead 2
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)21. Were precautions taken against ophthalmia neonatorum? ya

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5:30 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 evidences of life after birth.

Signature W. W. Horst M.D.

(Physician or midwife)

Address Globe Ariz.Given name added from _____ Filed 12-31-26 _____

a supplemental report _____ Month, day, year. _____ Local Registrar.

Filed _____ 19 _____

Registrar.

County Registrar.

249-1231-651

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.
 RECORD—MAINLY WITH UNFOLDING LINK—THIS IS A PERMANENT RECORD