

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

State File No. 119  
Registered No. 22

PLACE OF BIRTH

Gila

State Arizona

or Township

Miami

or Village

No. 368 Porto Pico Canyon

Ward

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

name of child

Eugenia Martinez

{ If child is not yet named, make supplemental report, as directed.

Sex of Child

Female

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

Month Day Year

Jan - 11 - 1928

FATHER

name

Elias Martinez

Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

1. Color or race

Mex.

11. Age at last birthday 32 (Years)

2. Birthplace (city or place)

(State or country)

Jalisco Mex

3. Occupation

Nature of industry

Smelterman

14.

MOTHER

Full maiden name

Josephina Gonzalez

15 Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16 Color or race

Mex.

17. Age at last birthday 25 (Years)

18. Birthplace (city or place)

(State or country)

Jalisco Mex.

19. Occupation

Nature of industry

Housewife

1. 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 3

(b) Born alive but now dead 2

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

hereby certify that I attended the birth of this child, who was born alive at 5:30 A. m. on the date above stated  
(Born alive or stillborn.)

Signature

Byril M. Bron M.D.  
Physician

(Physician or midwife)

Address

Miami Arizona

Filed

Jan. 20, 1928

Registrar

\*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 supplemental report

Month, day, year

5-19-11-179

Registrar