

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

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

State File No. 147 V  
Registered No. 59

**1. PLACE OF BIRTH**

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

**2. Full name of child**

Elvira Martinez (If child is not yet named, make supplemental report, as directed.)

**3. 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**

II-10-1928  
Month Day Year

**8.**

**FATHER**

**Full name**

Petronilo Martinez

**9. Residence**

(Usual place of abode)

Miami

If non-resident, give place and state.

**10. Color or race**

White

**11. Age at last birthday** 23 (Years)

**12. Birthplace (city or place)**

(State or country)

Delipho, Ariz.

**13. Occupation**

Nature of industry

Journeyman

**14.**

**MOTHER**

**Full maiden name**

Leansuelo Ryan

**15. Residence**

(Usual place of abode)

Miami

If non-resident, give place and state.

**16. Color or race**

White

**17. Age at last birthday** 25 (Years)

**18. Birthplace (city or place)**

(State or country)

Mogollon  
New Mexico

**19. Occupation**

Nature of industry

house wife

**20. Number of children of this mother** 3

(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?**

argyrol

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 9 a.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 evidence of life after birth.

**Signature**

J. J. Gomez  
Box 1666 Miami Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_

**Address**

**Filed**

Feb 15, 28 C. E. Drury  
Registrar

Registrar

549-710-315