

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1562

Registered No. 168

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Riser P.P. Section House Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Maria Benita 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Mar. 21-1928
 Month Day Year

8. FATHER
 Full name Jose Martinez
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) Chihuahua
 (State or country) Mex.
 13. Occupation Laborer
 Nature of industry S. Pac. P.P.
 20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child).

14. MOTHER
 Full maiden name Dolores Torres
 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 27 (Years)
 18. Birthplace (city or place) Chihuahua
 (State or country) Mex.
 19. Occupation Housewife
 Nature of industry _____
 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 at 11:30 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 Cyril M. Brown M.D.
Physician
 (Physician or midwife)

Given name added from _____ Address Miami, Arizona
 Month, day, year _____

Registrar. _____ Filed May 12 1928 C. E. Finn
 Registrar.

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