

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.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 203
County Registrar No. 104
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Martin Martinez } 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 Twin 6. Legitimate? yes 7. Date of birth June 30, 1928
5. No., in order of birth one Month day year

3. FATHER
Full name Brigido Martinez
9. Residence (Usual place of abode) Globe, Ariz
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 53 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation Laborer
Nature of industry

14. MOTHER
Full maiden name Francisca Valderia
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 37 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation Housewife
Nature of industry

20. 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 Six (b) Born alive but now dead Three (c) Stillborn none 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 11:15 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 J. C. Harper (Physician or midwife)
Address Globe, Arizona
Given name added from a supplemental report _____
Month, day, year. _____
Filed 7/9 1928 _____
Local Registrar. _____
Registrar. _____
County Registrar. _____

449-730-651