

PLACE OF BIRTH

of Gila

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 103County Registrar No. 105Local Registrar No. 105Globe

No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

Name of child Cristobal Martinez

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

Child 2 To be answered ONLY in event of plural births. 4 4. Twin, triplet or other Twin 6. Legitimate? yes 7. Date of birth July 1, 1928  
Month July Day 1 Year 1928

FATHER		MOTHER	
11. Age at last birthday <u>53</u> (Years)		14. Full maiden name <u>Francisca Valdesia</u>	
12. Usual place of abode <u>Globe, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe, Arizona</u> If nonresident, give place and state	
13. Race <u>Span</u>	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>37</u> (Years)	
18. Birthplace (city or place) <u>Mexico</u> (State or country)		19. Occupation <u>Housewife</u> Nature of industry	
19. Occupation <u>Laborer</u>			

20. Were precautions taken against ophthalmia neonatorum? Yes

21. Were precautions taken against ophthalmia neonatorum? Yes

22. Time of birth of child herein (including this child.) (a) Born alive and now living Yes  
(b) Born alive but now dead None  
(c) Stillborn None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I, \_\_\_\_\_, that I attended the birth of this child, who was born alive at 12:05 P.M. on the date above stated.  
(Born alive or stillborn.)

Signature \_\_\_\_\_  
Address \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Filed 7/1/281928

Month, day, year.

Registrar.

Filed \_\_\_\_\_

19 \_\_\_\_\_

County Registrar.

349-701-651