

N. 15.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each or order of birth stated.

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

State File No. 159  
Registered No. 129

1. PLACE OF BIRTH

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

2. Full name of child Josephine Martinez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child fr To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth 3 7. Date of birth July 19-28  
Month Day Year

8. FATHER  
Full name Jesus Martinez

14. MOTHER  
Full maiden name Manella Martinez

9. Residence (Usual place of abode) Globe  
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe  
If non-resident, give place and state.

10. Color or race \_\_\_\_\_  
11. Age at last birthday 34 (Years)

16. Color or race \_\_\_\_\_  
17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation laborer  
Nature of industry

19. Occupation Housewife  
Nature of industry

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 \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

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 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 evidence of life after birth.  
Signature P. D. Kennedy  
(Physician or midwife).

Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Address Globe Ariz  
Month, day, year \_\_\_\_\_

Filed 8/6 1928 H. E. Wightman  
Registrar Registrar

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