

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

State File No. 122
Registered No. 971

1. PLACE OF BIRTH

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

2. Full name of child

Francisco 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

5. No., in order of birth _____

6. Legitimate?

Yes

7. Date

of birth

Aug. 12, 1928
Month Day Year

8.

FATHER

Full name Mamuel Martinez

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Eslohe,
Ariz.

10. Color or race

Mexican

11. Age at last birthday 22 (Years)

12. Birthplace (city or place)

(State or country)

Mexico City
Mex.

13. Occupation

Nature of industry

Painter

14.

MOTHER

Full maiden name Magdalena de la Pena

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Eslohe
Ariz.

16. Color or race

Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of industry

Housewife

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 1

(b) Born alive but now dead 0

(c) Stillborn 0

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 3:30 A. 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. C. Harper
Physician

(Physician or midwife)

Given name added from a supplemental report

Address

Eslohe, Arizona

Month, day, year

Filed

9/15

1928

A. S. Wignman

Registrar

Registrar

649-812-441

MARGIN - FOR BINDING

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.