

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

State File No. 157
 Registered No. _____

1. PLACE OF BIRTH
 County Yuma State _____
 District or Township _____ or Village _____
 City Winkelman No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby 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 23 1928
 Month Day Year

8. FATHER
 Full name Pedro Martinez
 9. Residence (Usual place of abode) Crach
 If non-resident, give place and state. Arizona
 10. Color or race Mex
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) Londabury
 (State or country) New Mex
 13. Occupation laborer
 Nature of industry

14. MOTHER
 Full maiden name Catalina Miranda
 15. Residence (Usual place of abode) Crach
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or state) Feldman
 (State or country) Ariz
 19. Occupation housewife
 Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living _____
 (b) Born alive but now dead 1
 (c) Stillborn 1
 21. Were precautions taken against ophthalmia neonatorum. No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11:20 a.m. on the date above stated.
(Born alive or stillborn)

Signature Charles E. Huettner MD
(Physician or midwife)
 Address Hayden Ariz
 Filed Sept 5 1928 Registrar W. J. Hutton
 Registrar _____

049-823-341

IS A PERMANENT RECORD. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RECORD MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.