

WRITING MAINLY 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of 111
 Town of Hayden
 or
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171
 County Registrar No. _____
 Local Registrar No. 55

2. Full name of child Ramona Benites Martinez (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Y
 5. No., in order of birth. _____ 7. Date of birth Aug 30, 1928
 Month Day Year

8. FATHER
 Full name Marcial Madrid
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Josefa Benites Lopez
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color or race Mexico
 11. Age at last birthday 30 (Years)

16. Color or race Mexico
 17. Age at last birthday 25 (Years)

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

18. Birthplace (city or place) _____
 (State or country) Sonora, Mexico

13. Occupation Laborer
 Nature of industry Copper Smelter

19. Occupation _____
 Nature of industry House Keeping

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 4
 (b) Born alive but now dead 0
 (c) Stillborn 0
 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 _____ (Born alive or stillborn.) at 4:00 A. m. on the date above stated

* 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 Josefa Martinez - MOTHER
 Address Hayden Arizona
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____ Filled Sept 27, 1928 W. B. Daub Local Registrar.

Registrar _____ Filled _____, 19____ County Registrar.

947-830-135