

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

State File No. 153
109

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 21 Puerto Rico St. _____ Ward _____

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

2. Full name of child Magarita Martinez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Girl</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept 17 1928</u> Month Day Year
5. No., in order of birth _____				

8. FATHER
Full name Petronilo Martinez
9. Residence 21 Puerto Rico
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Cayitana Lennon
15. Residence 21 Puerto Rico
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 37 (Years)

16. Color or race Mexican
17. Age at last birthday 33 (Years)

12. Birthplace (city or place) San Juan de los Lagos
(State or country) Jalisco Mexico

18. Birthplace (city or place) San Juan de los Lagos
(State or country) Jalisco Mexico

13. Occupation Miner
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

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 <u>5</u>	21. Were precautions taken against ophthalmia neonatorum. <u>Yes</u>
	(b) Born alive but now dead <u>2</u>	
	(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 5 a.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 Rosa Cortez
(Physician or midwife)

Given name added from a supplemental report _____ Address 806 Sullivan St

Month, day, year _____ Filed Sept 20 1928

Registrar _____ Registrar R. E. Davis

449-917-335

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