

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

State File No. 152  
 Registered No. 557

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 100 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rachael Martinez 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... 0 5. No., in order of birth... \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec. 18 - 1928  
 Month Day Year

**8. FATHER**  
 Full name Senido Martinez  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 26 (Years)  
 12. Birthplace (city or place) Jalisco, Mex.  
 (State or country)  
 13. Occupation  
 Nature of industry miner  
 Number of children of this mother... 3  
taken as of time of birth of child herein certified and including this child.

**14. MOTHER**  
 Full maiden name Clara Jimenez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 22 (Years)  
 18. Birthplace (city or state) Jalisco, Mex.  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife  
 21. Were precautions taken against ophthalmia neonatorum. yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \* 30**

I hereby certify that I attended the birth of this child, who was born alive at 10-4 a. m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Jan 10 1929 Registrar C. E. Jim

949-1218-519