

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.

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

State File No. 149

Local Registrar's No. 1

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Hesper No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Belia 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Jan 15 1929 Month Day Year

**8 FATHER**  
Full name Juan Martinez

**14 MOTHER**  
Full maiden name Rebela Leon

9. Residence (Usual place of abode) Hesper  
If non-resident, give place and state.

15. Residence (Usual place of abode) Hesper  
If non-resident, give place and state.

10. Color or race Mex  
11. Age at last birthday 31 (Years)

16. Color or race Mex  
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Bucyrus  
(State or country) Kansas

18. Birthplace (city or place) Logan  
(State or country) Ark

13. Occupation Labour  
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 3  
(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 or stillborn) at 9:30 P 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 Charles Hunt (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Ave

Month, day, year 24 15-1929  
Registrar

Filed Jan 19 1929 W.D. D. Registrar