

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. 178
Local Registrar's No. 7

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____
(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.)

2. Full name of child Jesus Martinez

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 Jan 25 1929
Month Day Year

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

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

10. Color or race Mex
11. Age at last birthday 34 (Years)

16. Color or race Mex
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) San Diego
(State or country) Calif

18. Birthplace (city or place) Bozales
(State or country) Ariz

13. Occupation Labour
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother _____ (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn _____ 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 _____ m. on the date above stated.

Signature Charles H. Hunsford

*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.

Given name added from a supplemental report _____ Address Hayden, Arizona

Month, day, year 149-125-523
Registrar

Filed Jan 26 1929 W. J. D. [Signature]
Registrar