

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 160A
Registered No. _____
Arizona 8

1. PLACE OF BIRTH

County Gila State ARIZONA
Township _____ or Village _____
City Hayden No. _____ St. _____ W. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Elvira Martinez (If child is not yet named, make supplemental report, as directed)3. Sex Female If plural births } 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth March 10th, 192
5. Number, in order of birth _____ Full term x (Month, day, year)9. Full name of FATHER Ruperto Martinez18. Full maiden name of MOTHER Maria Martinez10. Residence (usual place of abode) Hayden, Arizona
(If non-resident, give place and State)19. Residence (usual place of abode) Hayden, Arizona
(If non-resident, give place and State)11. Color or race Mex 12. Age at last birthday 45 (Years)20. Color or race Mex 21. Age at last birthday 28 (Years)13. Birthplace (city or place) Union de San Antonio
(State or country) Jalisco, Mexico22. Birthplace (city or place) Union de San Antonio
(State or country) Jalisco, Mexico14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At Home16. Date (month and year) last engaged in this work March, 192925. Date (month and year) last engaged in this work March, 192917. Total time (years) spent in this work 826. Total time (years) spent in this work 927. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____28. If stillborn, period of gestation _____ months or weeks } 29. Cause of stillbirth _____ } Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:00 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.

(Signed) Ruperto Martinez Father, M.D.
Address, Hayden, Arizona, _____, Midwife

Given name added from supplemental report _____

Acknowledged Apr 11, 1934 _____
Address _____ Justice of the Peace549-310-24-9 (Date of) _____ Registrar.Filed April 11th, 1934 _____ Registrar.MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
in order of birth stated.
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