

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 178
121

Registered No. _____

1. PLACE OF BIRTH

County Dela State Arizona
 District or Township Lower Miami or Village _____
 City Miami No. 2 Hill St (on Hill) St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>March 16 1929</u> Month Day Year
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FATHER

1 name Francisco Martinez
 Residence (Usual place of abode) Miami, Ariz
 If non-resident, give place and state.

MOTHER

14. Full maiden name Maria Dolores
 15. Residence (Usual place of abode) Miami, Ariz
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 44 (Years)

16. Color or race Mexican
 17. Age at last birthday 40 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation Miner
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother <u>9</u> <small>(Taken as of time of birth of child herein certified and including this child).</small>	(a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:50 P 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 J. J. Truller
MD
(Physician or midwife)

Given name added from _____ Address Miami Arizona
 Month, day, year _____
 Filed March 25 29 19. C. E. Davis Registrar.

149-316-442