

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 211Registered No. 137

1. PLACE OF BIRTH

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

2. Full name of child Eustasio Martinez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other. one 6. Legitimate? yes sir 7. Date of birth March 29, 1927
 Month Day Year

8. FATHER
 Full name Mamed Martin
 9. Residence Lomis Cannon
 (Usual place of abode)
 If non-resident, give place and state. Tepetitlan

14. MOTHER
 Full maiden name Maria Garcia
 15. Residence Lomis Cannon
 (Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 49 (Years)

16. Color or race Mexican 17. Age at last birthday 42 (Years)

12. Birthplace (city or place) Tepetitlan
 (State or country) Jalisco Mexico

18. Birthplace (city or place) Tepetitlan
 (State or country) Jalisco Mexico

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Domestic

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living Living 21. Were precautions taken against ophthalmia neonatorum. yes sir
 (b) Born alive but now dead
 (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. 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 Juana Martinez
 (Physician or midwife).

Given name added from a supplemental report. Address Clay pool Box 599
 Month, day, year Filed Apr 1 29 C. E. J. J. J.
 Registrar. Registrar.

545-379-471