

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

State File No. 178
Registered No. 50

1. PLACE OF BIRTH

County Yuma State Arizona
District or Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

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

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? 7. Date of birth June 30, 1929
Month Day Year

8. FATHER
Full name Pascual Martinez

14. MOTHER
Full maiden name Maria Vega

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

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If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 38 (Years)

16. Color or race Mexican 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico City, Mex.
(State or country)

18. Birthplace (city or place) Torreón, Mex.
(State or country)

13. Occupation Smelter man
Nature of industry Copper Smelter

19. Occupation House wife
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 _____

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 _____ at 2:00 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 Eufemia Romero

Given name added from _____ Address Hayden Arizona
Month, day, year _____ (Physician or midwife).

Filed July 12, 1929 Registrar W. B. Jones
449-630-451 Registrar

A separate return must be made for each, and the number in order of birth stated.