

MAKE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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. 154

Local Registrar's No. 74

1. PLACE OF BIRTH

County Hayden 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)

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

3. Sex of Child Female 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 Sept 13 1929
 Month Day Year

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

14. MOTHER
 Full name Patricia de Landa
 15. Residence Hayden
 (Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 22 (Years)

16. Color or race Mex
 17. Age at last birthday 7 (Years)

12. Birthplace San Juan de los Rios
 (State or country) Gilisco Mex

18. Birthplace San Juan de los Rios
 (State or country) Gilisco Mexico

13. Occupation Labour
 Nature of industry _____

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 _____
 (b) Born alive but now dead _____
 (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) _____ m. on the day above stated.

*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 Charles H. ... (Physician or midwife)

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

Filed Sept 18 1929 W.P. Duch Registrar

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