

3 at a birth, a SEPARATE RETURN must be made to each, and the number of cases in order of birth stated.

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

State File No. 167
 Registered No. 592

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1015 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Jose Demetris 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. No., in order of birth _____ 6. Legitimate? yes
 7. Date of birth Dec. 22-1929
 Month Day Year

8. FATHER
 Full name Refugio Martinez
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) Jalisco Mex
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Vita Martinez
 15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Jalisco Mex
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (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 born alive at 10³⁰ 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 Byril M. Brown, M.D.

 (Physician or midwife)
 Address Miami, Arizona
 Filled Jan 1 30 1930 L. E. Johnson
 Registrar

149-1222-149