

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

State File No. 172  
 Registered No. 73

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Zoya Martin  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(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 4 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth March 23, 1927  
Month Day Year

**8. FATHER**  
 Full name Jessie B. Martin  
 9. Residence (Usual place of abode) Globe, Arizona  
 If non-resident, give place and state.  
 10. Color or race white  
 11. Age at last birthday 39 (Years)  
 12. Birthplace (city or place) Nutrisa  
 (State or country) Arizona  
 13. Occupation miner  
 Nature of Industry

**14. MOTHER**  
 Full maiden name Edna Elmer  
 15. Residence (Usual place of abode) Globe, Arizona  
 If non-resident, give place and state.  
 16. Color or race white  
 17. Age at last birthday 28 (Years)  
 18. Birthplace (city or place) neff, Utah  
 (State or country)  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother six  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living five  
 (b) Born alive but now dead one  
 (c) Stillborn none 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 5:15 A. 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 T. J. Harper  
 \_\_\_\_\_  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe, Arizona

Month, day, year \_\_\_\_\_  
 Registrar 3-31-27 A. H. Horst  
 Registrar

945 - 323 - 559