

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. C 1. County of Gila
 Dist. District of _____
 Town of _____
 or _____
 City of Winkelman No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS State Index No. 177
 ORIGINAL CERTIFICATE OF BIRTH County Registrar No. _____
 Local Registrar No. _____

2. P 2. Full name of child Martha Lu Watkins { If child is not yet named, make supplemental report, as directed.

3. S 3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Mar 25 1927
 Month Day Year

8. FATHER Full name Daniel Henry Watkins 14. MOTHER Full maiden name John Mae Brandenburg
 9. Residence (Usual place of abode) Winkelman 15. Residence (Usual place of abode) Winkelman
 If non-resident, give place and state. If non-resident, give place and state.

10. C 10. Color of race White 11. Age at last birthday 34 (Years) 16. Color of race White 17. Age at last birthday 24 (Years)

12. B 12. Birthplace (city or place) San Marcos 18. Birthplace (city or place) Mammoth
 (State or country) Texas (State or country) Arizona

13. O 13. Occupation Mechanic 19. Occupation House wife
 Nature of industry Nature of industry

20. Number of children of this mother (a) Born alive and now living 2 21. Were precautions taken against ophthalmia neonatorum? Yes
 (Taken as of time of birth of child herein certified and including this child.) (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 or stillborn) _____ m. on the date above stated

Signature Charles E. Smith M.D. (Physician or midwife)
 Address Winkelman Arizona

Given name added from a supplemental report. Filed April 9 1927 W. J. Hinton Local Registrar.
 Month, day, year

Registrar

Filed _____, 19____

County Registrar.

462-325-927