

In order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139
County Registrar No. _____
Local Registrar No. 251

2. Full name of child Archie Martin
If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Dec. 25, 1927
If child is not yet named, make supplemental report, as directed.

7. Date of birth Dec. 25, 1927
Month Dec day 25 year 1927

3. FATHER
Full name Robert Martin

14. MOTHER
Full maiden name Janie Shiglet

9. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____

15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____

10. Color or race white

11. Age at last birthday 36 (Years)

16. Color or race white

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Nutrioso, Ariz.
(State or country) _____

18. Birthplace (city or place) Central, Ariz.
(State or country) _____

13. Occupation miner
Nature of industry _____

19. Occupation Housewife
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 4
(b) Born alive but now dead 0
(c) Stillborn 0

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 12:15 P. (Born alive or stillborn.) on the date 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 evidences of life after birth.

Signature T. C. Harper (Physician or midwife)
Address Globe, Arizona

Given name added from a supplemental report _____
Month, day, year _____ Filed 12-31, 1927 St. W. Horst Local Registrar.

Registrar.

Filed _____ County Registrar.

145-1225-125