

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

State File No. \_\_\_\_\_  
Registered No. 131

1. PLACE OF BIRTH  
County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jane Louise Martin (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 July 1, 1930 Month July Day 1 Year 1930

8. FATHER  
Full name Guy Martin  
9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race White  
11. Age at last birthday 22 (Years)  
12. Birthplace (city or place) Austin Tex.  
(State or country) \_\_\_\_\_  
13. Occupation miner  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Minnie Orilla Fair  
15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race White  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Imperial Nebraska  
(State or country) \_\_\_\_\_  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

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 2 (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 8:20 A.M. on the date above stated.  
(Born alive or stillborn.)  
Signature T. C. Harper \_\_\_\_\_  
physician (Physician or Midwife).  
Address Globe, Arizona \_\_\_\_\_  
Filed 8/9 1930 W. E. Wightman Registrar

\* 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.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar

145-701-469

N. B.—In case of more than one child at a birth, a SEPARATE RETURN MUST BE MADE FOR EACH, WITH THIS STANDARD ORDER OF BIRTH STATED.