

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

00104  
State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
District or Township Claypool or Village \_\_\_\_\_  
City MIAMI No. 4 Broad St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ted Martin Echols  
If child is not yet named, make supplemental report, as directed.

8. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Feb 2</u> 1931 Month Day Year
		5. No., in order of birth.....		Feb 3 1931

8. FATHER  
Full name Martin Bryan Echols

14. MOTHER  
Full maiden name Margaret Webb

9. Residence (Usual place of abode) MIAMI, ARIZONA  
If non-resident, give place and state.

15. Residence (Usual place of abode) MIAMI, ARIZONA  
If non-resident, give place and state.

10. Color or race  
White

11. Age at last birthday 34 (Years)

16. Color or race  
White

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Manassa  
(State or country) Colorado

13. Birthplace (city or place) Eden  
(State or country) Arizona

13. Occupation Millman  
Nature of Industry Copper mining

18. Occupation \_\_\_\_\_  
Nature of Industry Housewife

Number of children of this mother: (a) Born alive and now living 5  
as of time of birth of child herein (b) Born alive but now dead \_\_\_\_\_  
filed and including this child. (c) Stillborn \_\_\_\_\_

21. Were precautions taken against oph-  
thalmia, neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 49 months on the date above stated.  
(Born alive  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 F. F. Miller  
F. F. MILLER, M.D.  
(Physician or Midwife.)

Given name added from a supplemental report..... Address.....

Month, day, year \_\_\_\_\_  
Registrar. Feb 20 31 Registrar.

252-202-462