

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 100  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 70

No. 1201 Towles ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Mary Patricia Marsh } If child is not yet named, make  
 } supplemental report, as directed.

3. Sex of Child Girl To be answered ONLY In event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth April 2 1951  
 } 5. No., in order of birth. \_\_\_\_\_ Month day year

3. **FATHER**  
 Full name Edmo Luther Marsh  
 8. Residence 1201 Towles ave  
 (Usual place of abode) Miami Ariz.  
 If nonresident, give place and state

14. **MOTHER**  
 Full maiden name Mary Gladys Gourley  
 15. Residence 1201 Towles ave  
 (Usual place of abode) Miami, Ariz.  
 If nonresident, give place and state

10. Color or race white  
 11. Age at last birthday 29 (Years)

16. Color or race white  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Pine Bluff,  
 (State or country) Jefferson co. Ark.

18. Birthplace (city or place) Pawnee  
 (State or country) Oklahoma

13. Occupation Lumberman  
 Nature of Industry Retail Lumber

19. Occupation House wife  
 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 one  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

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 12:30 Am. 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 evidences of life after birth.  
 Signature E. Marsh - father  
 (Physician or midwife)

Address Miami Ariz.  
 Given name added from \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_ Filed 4/10 1951 \_\_\_\_\_  
 Local Registrar.

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
 County Registrar.

448-1102-478

WHITE PENCIL WITH UNERADING INK - THIS IS A PERMANENT RECORD.  
 N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.