

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
Township On reservation or Village San Carlos
City _____ No. No hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Martin (If child is not yet named, make supplemental report, as directed)

3. Sex Female	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term X	7. Legitimate? Yes	8. Date of birth <u>October 24, 1931</u> <small>(Month, day, year)</small>
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<p>9. Full name FATHER <u>Jim Martin</u></p> <p>10. Residence (usual place of abode) <small>(If non-resident, give place and State)</small> <u>San Carlos, Ariz.</u></p> <p>11. Color or race <u>1/4 Apache Indian</u> 12. Age at last birthday <u>30</u> (Years)</p> <p>13. Birthplace (city or place) <u>San Carlos, Arizona</u> <small>(State or country)</small></p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____</p> <p>16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____</p>	<p>18. Full maiden name MOTHER <u>Hazel Hoffman</u></p> <p>19. Residence (usual place of abode) <small>(If non-resident, give place and State)</small> <u>San Carlos, Arizona</u></p> <p>20. Color or race <u>1/4 Apache Indian</u> 21. Age at last birthday <u>25</u> (Years)</p> <p>22. Birthplace (city or place) <u>San Carlos, Arizona</u> <small>(State or country)</small></p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____</p> <p>25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____</p>
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 p.m. 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.)

(Signed) Z. Laughlin M. D.
or _____ Midwife

Given name added from a supplemental report _____
(Date of) 545-1024-885
Registrar.

Address San Carlos, Arizona
Filed 11/1 1931 Z. Laughlin
Registrar.

WRITE PLAINLY WITH UNFADING 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 in order of birth stated.