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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____

Registered No. 223

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.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: ____ or Village: ____

City: Globe No. 615 Hegan St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child: Male

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: Dec. 11 1931 (Month Day Year)

FATHER

8. Full name: John James Fourman

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: ____

10. Color or race: White

11. Age at last birthday: 43 (Years)

12. Birthplace (city or place): Grand Rapids

(State or country): Michigan

13. Occupation: Clerk.

Nature of Industry: ____

MOTHER

14. Full maiden name: Emma Green

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: ____

16. Color or race: White

17. Age at last birthday: 41 (Years)

18. Birthplace (city or place): Gila

(State or country): Victoria Co. Texas

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 Alive (Born alive or stillborn) at 4:30 p. m. 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 evidence of life after birth.

Signature: C. Gunter (Physician or ~~Midwife~~)

Address: ____

Given name added from a supplemental report: ____ Month, day, year

485 - 1211 - 575

Registrar

Filed 1/5 1932 E. E. Wightman Registrar