Amendment attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 262 A

County Registrar No. ~~[illegible]~~

Local Registrar No. 14

PLACE OF BIRTH

1. County of Maricopa

District of Buckeye

Town of ...

or

City of ... No. ... St. ... Ward

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

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

3. Sex of Child F

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 2 (Month) 12 (day) 32 (year)

FATHER

8. Full name William D. Martin

9. Residence (Usual place of abode) Buckeye Ariz

If nonresident, give place and state

10. Color or race W

11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Texas (State or country)

13. Occupation Nature of industry Laborer

MOTHER

14. Full maiden name Melvina Crow

15. Residence (Usual place of abode) Buckeye Ariz

If nonresident, give place and state

16. Color or race W

17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Georgia (State or country)

19. Occupation Nature of industry Housewife

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 8
(b) Born alive but now dead ...
(c) Stillborn 1

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 10.9 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 evidences of life after birth.

Signature E. O'Neil (Physician or midwife)

Address Buckeye Ariz

Given name added from a supplemental report ... Month, day, year.

Filed 3/8 1936 J. Goodman Local Registrar.

Registrar.

Filed ... 19... County Registrar.

745-22-1136

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.