

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **119**
Registered No. _____

PLACE OF BIRTH _____

County Gila State Arizona

District or Township San Carlos Indian 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)
(If child is not yet named, make supplemental report, as directed)

2. Full name of child Gerald Herbert Martin

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 April 30, 1932
Month Day Year

8. FATHER
Full name Orville Martin
9. Residence (Usual place of abode) San Carlos, Arizona
If non-resident, give place and state.
10. Color or race 1/4 White

14. MOTHER
Full maiden name Berenice Campbell
15. Residence (Usual place of abode) San Carlos, Arizona
If non-resident, give place and state.
16. Color or race 4/4 White

11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Bonham, Texas
(State or country)

17. Age at last birthday 27 (Years)
18. Birthplace (city or state) Fayette, Arkansas
(State or country)

13. Occupation Plumber
Nature of Industry _____

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 born alive at _____ 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 evidence of life after birth.
Given name added from _____
Signature J. C. Hancock, M.D.
(Physician or midwife)

supplemental report _____ Address San Carlos, Arizona
Month Day Year
Registrar J. C. Hancock
Filed Apr. 30, 1932
Registrar

745-430-233