

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 838  
Registered No. 133

1. PLACE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village P.O. Box 26, Claypool  
City Miami No. Claypool, Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_

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

3. Sex Female 4. Twin, triplet, or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth June 17, 1932  
(If plural births) 6. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ mate? \_\_\_\_\_ (month, day, year)

9. Full name Guy Martin FATHER

18. Full maiden name Minnie Orilla Fair MOTHER

10. Residence (usual place of abode) Miami-Ariz.  
(If nonresident, give place and State)

19. Residence (usual place of abode) Miami-Ariz.  
(If nonresident, give place and State)

11. Color or race Cauc. 12. Age at last birthday 25 (Years)

20. Color or race Cauc. 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Sherwood  
(State or country) Texas

22. Birthplace (city or place) Imperial  
(State or country) Nebraska

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

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 \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 50 12 A. 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) Cyril M. Brown M.D. M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_ Midwife

Address Miami-Arizona

Filed July 20 32 C. C. Clavin Registrar

MARGINAL NOTE: WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. RETURN must be made for each, and the number of each birth stated.  
 N. B.—In case of more than one child at a birth.

645-617-469