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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

Township _____ or Village _____

District Young No. _____ St. _____ Ward _____

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

2. Full name of child Martha George Ellen Reuner (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 _____ | 7. Legitimate? yes | 8. Date of birth Apr 25, 1933 (Month, day, year)

FATHER

9. Full name Reuben Roy Reuner

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

11. Color or race White 12. Age at last birthday 35 (Years)

13. Birthplace (city or place) _____ (State or country) New Mexico

OCCUPATION

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

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

16. Date (month and year) last engaged in this work March, 1933

17. Total time (years) spent in this work 12 yr

MOTHER

18. Full maiden name Blanche Evelyn Clark

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

20. Color or race White 21. Age at last birthday 32 (Years)

22. Birthplace (city or place) _____ (State or country) New Mex

OCCUPATION

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

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

25. Date (month and year) last engaged in this work _____, 19

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 5 (b) Born alive but now dead _____ (c) Stillborn _____

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 (Born alive or stillborn) at 5 A.M. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Mrs Anna Elliott M.D.

or _____ Midwife

Address Young Arizona

Given name added from a supplemental report _____ (Date of)

Ola Young Registrar.

Filed _____, 1933 Ola Young Registrar.

499-425-232

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.