ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 166

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Winkelman St. Ward

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

2. Full name of child Martha Ann Parker (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural birth: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth July 20, 1933 (Month, day, year)

FATHER

9. Full name William Earl Parker

10. Residence (usual place of abode) (If non-resident, give place and State) Winkelman

11. Color or race White | 12. Age at last birthday 21 (Years)

13. Birthplace (city or place) Nashville (State or country) Tenn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Butcher

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 July, 1933 | 17. Total time (years) spent in this work 1

MOTHER

18. Full maiden name Maydna Haltzu

19. Residence (usual place of abode) (If non-resident, give place and State) Winkelman

20. Color or race White | 21. Age at last birthday 18 (Years)

22. Birthplace (city or place) Winkelman (State or country) Ariz.

OCCUPATION

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

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

25. Date (month and year) last engaged in this work July, 1933 | 26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (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 at 3:30 A m. on the date above stated

(Signed) Charles B. Hunsberger M. D.

or Midwife

Address Hayden Ariz.

Filed August 7, 1933 C. E. Hutton Registrar.

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

Given name added from a supplemental report (Date of) Registrar.

RM 9-17-33 M5-6048

479-720-4129