ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 96a

Registered No.

County Gila State Arizona

Township or Village

City Miami No. 24 Hill St. 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 O'Leary { 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 Sept. 30, 1933 (Month, day, year)

FATHER

9. Full name Arthur Vincent O'Leary

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

11. Color or race Caue | 12. Age at last birthday 33 (Years)

13. Birthplace (city or place) Bisbee (State or country) Arizona

OCCUPATION

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

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 , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Margaret Evelyn Backnes

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

20. Color or race Caue | 21. Age at last birthday 28 (Years)

22. Birthplace (city or place) Mountain Park (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 2 (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 at 12 30 P. 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. Cron, M. D.

or Midwife

Address Miami Arizona

Given name added from a supplemental report (Date of)

Registrar.

Filed Sept 30, 1933 N. B. Cron Registrar.

468-930-427