MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. Remain 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1 24

Registered No. 1

1. PLACE OF BIRTH

County Apache State Arizona

District or Township Nutrioso or Village Nutrioso

City ____ No. ____ St., ____ Ward

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

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

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 Dec 30 1933 (Month Day Year)

8. FATHER	14. MOTHER
Full name Jesse B Martin	Full maiden name Edna Elmer
9. Residence (Usual place of abode) Nutrioso	15. Residence (Usual place of abode) Nutrioso
If non-resident, give place and state Arizona	If non-resident, give place and state Arizona
10. Color or race White	16. Color or race White
11. Age at last birthday 46 (Years)	17. Age at last birthday 35 (Years)
12. Birthplace (city or place) Nutrioso	18. Birthplace (city or state) Nephi
(State or country) Arizona	(State or country) Utah
13. Occupation Nature of Industry Labor	19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 9 | (a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn ____ | 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 12 25 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mrs W F Lesueur.

(Physician or midwife) Nurse

Given name added from a supplemental report ____ Month, day, year

Address Eagar Arizona

Filed Jan 30 1934 Lucinda Wilkins Registrar.

Registrar.

SHS-1230-559