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Physician or

within 5 days after birth.

**PLACE OF BIRTH**  
 County of Maricopa  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or City of Phoenix

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS.  
 ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 262  
 Co. Register No. 190  
 Local Registrar's No. 1680

(No. 111842nd St: \_\_\_\_\_ Ward) \_\_\_\_\_  
 FULL NAME OF CHILD Martha Gertrude VIAULT } Born } YES  
 } Alive }

If child is not named, make Supplemental Report on blank obtainable from local registrar.  
 Sex of Child Female Twin, Triplet or other - } and } Number in order of birth \_\_\_\_\_ Legiti-mate? yes Date of Birth Mar 28<sup>th</sup> 1913  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Frank Vialt  
 Residence Phoenix  
 Color or Race White Age at last Birthday 28 (Years)  
 Birthplace Missouri  
 Occupation Milling

MOTHER  
 Full Maiden Name Gertrude Baker  
 Residence Phoenix  
 Color or Race White Age at last Birthday 27 (Years)  
 Birthplace Texas  
 Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Mar 28 1913, at 7 A.M.  
 \*When there is no attending physician or midwife, then the householder should make this return. (Signature) E. Payne Palmer  
 (Attending physician, midwife, householder.)\*

Given or christian name added from a \_\_\_\_\_ Address \_\_\_\_\_

supplemental report \_\_\_\_\_ 1913  
 Filed 4/9 1913 Wm. J. Sargent LOCAL REGISTRAR.  
 Filed 5-8 1913 A True Copy H. H. Keyes COUNTY REGISTRAR.

HS3-328-729  
 COUNTY REGISTRAR.