9545

~~677~~

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 315

Co. Register No. ~~167~~ 172

Local Registrar's No.

PLACE OF BIRTH

County of Navajo

District of

Town of Snowflake

or

City of (No. St; Ward)

FULL NAME OF CHILD Martin William Kartchner

Born Alive YES NO X

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child X Male | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? Yes | Date of Birth X August 31 1914 (Month) (Day) (Yr.)

FATHER

Full Name Rowlin D. Kartchner

Residence Snowflake

Color or Race White

Age at last Birthday 41 (Years)

Birthplace ~~Beaver~~ Beaver Utah?

Occupation Farmer

MOTHER

Full Maiden Name Ellen B. Kartchner

Residence Snowflake

Color or Race White

Age at last Birthday 37 (Years)

Birthplace Moroopy Arizona

Occupation House Wife

Number of child of this mother X7

Number of children, of this mother, now living X7

Were precautions taken against Ophthalmia neonatorum? X yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on X Aug. 31 1914, at X 9:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Emma J. Smith

(Attending physician, midwife, householder.*)

Address T. W. Tanner

Snowflake

LOCAL REGISTRAR.

Given or christian name added from a supplemental report .....191.....

Filed .....191.....

4129-231-929

COUNTY REGISTRAR.

Filed 1-9 1915 A True Copy

J. T. Bazell

COUNTY REGISTRAR.

The number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.