

2370

THIS CERTIFICATE MUST BE FILED WITHIN 5 DAYS OF BIRTH. A SEPARATE FEE MUST BE MADE FOR EACH CHILD. THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH

County of Yuma  
District of Yuma  
Town of \_\_\_\_\_  
or Yuma  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **123** State Index No. \_\_\_\_\_  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 78  
Local Registrar's No. \_\_\_\_\_  
(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Mary Marta } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female Twin, Triplet or other  and Number in order of birth 1 Legitimate? Yes Date of Birth March 26 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Joe Marta  
Residence No 13 road at  
Color or Race White Age at last Birthday 30 (Years)  
Birthplace Italy  
Occupation Miner

MOTHER  
Full Maiden Name Mary Vernette  
Residence Same  
Color or Race White Age at last Birthday 29 (Years)  
Birthplace Italy  
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 March 26 1915, at 9:09 P.M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. }  
(Signature) C. J. Sturgeon  
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
Address \_\_\_\_\_  
Filed March 29 1915 B. G. Fox LOCAL REGISTRAR.  
Filed Apr 6 1915 B. G. Fox COUNTY REGISTRAR.  
441-326-459 COUNTY REGISTRAR.