

Midwife with each local Registrar, within 5 days after birth. This certificate must be filed by the attending physician.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila BUREAU OF VITAL STATISTICS State Index No. 164
 District of Michelman & Hyde ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 537
 Town of Hayden Local Registrar's No. 1
 or
 City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Stillborn } Born }
 } Alive } NO

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

Sex of Child <u>Female</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Nov 22</u> 1917 (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Horace Reymers Martin</u>			Full Maiden Name <u>Sara Cohen</u>		
Residence <u>Hayden, Ariz</u>			Residence <u>Hayden, Ariz</u>		
Color or Race <u>White</u>		Age at last Birthday <u>25</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>21</u> (Years)
Birthplace <u>Colorado</u>			Birthplace <u>Penn.</u>		
Occupation <u>Electrician</u>			Occupation <u>Housewife</u>		

Number of child of this mother... 1... Number of children, of this mother, now living... 0... Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov 22 1917, at 3:45 A.M.

{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) C.R. Swackhamer M.D.
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ Address Hayden, Ariz.

Filed Nov 30 1917 LOCAL REGISTRAR. H. Roberts
 Filed Dec 5 1917 A True Copy LOCAL REGISTRAR. B. G. Fox
045-1122-235 COUNTY REGISTRAR.