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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122

Co. Registrar's No. 696

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

(No. St; Ward)

FULL NAME OF CHILD Edward Robert Martyn

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

Born Alive YES ~~NO~~

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 2 | Legitimate? yes | Date of Birth Nov. 3, 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	John Martyn	Full Maiden Name	Lyle Solomon
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	29 Years	Age at last Birthday	31 Years
Birthplace	London, England	Birthplace	London, England
Occupation	Pump man	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov. 3, 1920, at 12 30 A.M.

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

Signature Cyril M. Crow M.D.

Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

Given or Christian name added from a supplemental report 191

Filed 12/24/1920

T H Slaughter

LOCAL REGISTRAR.

545-1103-325

COUNTY REGISTRAR.

A True Copy

Filed 12-27-1920

B. G. Fiot

COUNTY REGISTRAR.

To Midwife with each local Registrar within 5 days after birth.