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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 104

Co. Registrar's No. 44

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 Martha Alice Armstrong | Born Alive | YES ~~NO~~

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 2 | Legitimate? yes | Date of Birth Feb. 17 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Frank T. Armstrong	Full Maiden Name	Lucille Cornett
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Age at last Birthday	25 Years
Birthplace	Manhattan, Kansas	Color or Race	White
Occupation	Electrician	Age at last Birthday	22 Years
		Birthplace	Safford, Arizona
		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 Feb. 17 1922 at 7 P. M.

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

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

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

Filed Feb 20 1922 B. M. Hard LOCAL REGISTRAR.

417-217-333
COUNTY REGISTRAR.

A True Copy

Filed Mar 9 1922 B. G. Fox COUNTY REGISTRAR.

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