

4729

When one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH
1. County of Yavapai
District of Central
Town of _____
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Viola Frances Martin If child is not yet named, make supplemental report, as directed

3. Sex of child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth 5/22 22 (Month, day, year)

<p>8. FATHER Full name <u>James B Martin</u></p> <p>9. Residence (Usual place of abode) If nonresident, give place and State <u>Central</u></p> <p>10. Color or race <u>white</u></p> <p>11. Age at last birthday <u>34</u> (Years)</p> <p>12. Birthplace (city or place) (State or country) <u>Oriz</u></p> <p>13. Occupation Nature of industry <u>Farmer</u></p>	<p>14. MOTHER Full maiden name <u>Edna Elmer</u></p> <p>15. Residence (Usual place of abode) If nonresident, give place and State <u>Central</u></p> <p>16. Color or race <u>white</u></p> <p>17. Age at last birthday <u>24</u> (Years)</p> <p>18. Birthplace (city or place) (State or country) <u>Utah</u></p> <p>19. Occupation Nature of industry <u>Housewife</u></p>
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20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE-

I hereby certify that I attended the birth of this child, who was alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature W. E. Platt
(Physician or midwife)
Address Thatcher, Arizona

Given name added from a supplemental report _____ (Month, day, year)
545-522-559
Registrar.

Filed 6-5, 1922 Alma Busby
Legal Registrar.
Filed 6/10, 1922 J. M. Platt
County Registrar.