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N. B.—In case of more than one child at a birth, a SEPARATE RETURN is to be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Upache State Index No. 1
 District of Springville Eagar Co. Registrar No. 9
 Town of Amity Local Registrar No. 24
 or Roller
 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 Frances Elizabeth Martin } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb 3 1923</u> (Month, day, year)
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<p>8. FATHER</p> <p>Full name <u>Drayton Conway Martin</u></p> <p>9. Residence <u>Amity near Springville</u> (Usual place of abode) If nonresident, give place and State</p> <p>10. Color or race <u>W White American</u> <u>U. S. A.</u></p> <p>11. Age at last birthday <u>49</u> (Years)</p> <p>12. Birthplace (city or place) <u>Missouri</u> (State or country)</p> <p>13. Occupation <u>Farmer</u> Nature of Industry</p>	<p>14. MOTHER</p> <p>Full maiden name <u>Edith Frances Beach</u></p> <p>15. Residence <u>Amity near Springville</u> (Usual place of abode) If nonresident, give place and State</p> <p>16. Color or race <u>White American</u></p> <p>17. Age at last birthday <u>38</u> (Years)</p> <p>18. Birthplace (city or place) <u>Arizona</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of Industry</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 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:20 p.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: John H. Wadde
 (Physician or midwife)
 Address: Springville, Arizona

Given name added from a supplemental report _____
 (Month, day, year)

Filed Feb 28, 1923 E. E. Benson Local Registrar.
645-203-578 Registrar. Filed mar 10, 1923 J. J. Wadde County Registrar.