

1847

PLACE OF BIRTH

1. County of Chel  
District of Payson  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164  
County Registrar No. 628  
Local Registrar No. 176

2. Full name of child Howard Warren Martin (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth Aug 17 23  
Month Day Year

8. FATHER  
Full name Columbus Martin

14. MOTHER  
Full maiden name Velma Cluff

9. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state

15. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state

16. Color or race White 11. Age at last birthday 46 (Years)

16. Color or race White 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Kansas  
(State or country)

18. Birthplace (city or place) Ariz  
(State or country)

13. Occupation Farmer  
Nature of industry

19. Occupation HW  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P m. on the date above stated.

\*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 C. H. Rassev M.D. (Physician or midwife)  
Address Payson Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed Oct 31, 1923 Jay S. Vann Local Registrar.  
Registrar. Filed 11-5, 1923 J. S. Vann County Registrar.

in order of birth stated.

845-817-530 money from