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MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Graham
District of Safford
Town of Central
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192
County Registrar No. 286
Local Registrar No. 263

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____ 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 _____ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth June 3, 1924
Month Day Year

8. FATHER
Full name James Abner Martin

14. MOTHER
Full maiden name Mary A. Jenkins

9. Residence (Usual place of abode) Central
If nonresident, give place and state _____

15. Residence (Usual place of abode) Central
If nonresident, give place and state _____

10. Color or race white 11. Age at last birthday 23 (Years)

16. Color or race white 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Prima
(State or country) Arizona

18. Birthplace (city or place) Central
(State or country) Arizona

13. Occupation
Nature of industry Farmer

19. Occupation
Nature of industry Housewife

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 _____
(b) Born alive but now dead _____
(c) Stillborn _____

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 alive at 3 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 P. L. Dryden M.D.
(Physician or midwife)

Address _____

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

Filed Sept 9 1924 Hattie W. Schenck
County Registrar.
Filed Sept 9 1924 Beat Schenck
County Registrar.

Registrar.

145-103-412