

1461

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of Miami
Town of _____
or
City of Claypool No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Herbert Marshal Martin } If child is not yet named, make supplemental report, as directed.

State Index No. 138
County Registrar No. 467
Local Registrar No. _____

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? _____ 6. Date of birth June 11 1924
Month day year

8. FATHER		14. MOTHER	
Full name <u>Charles Marshal Martin</u>		Full maiden name <u>Ruth Marie Hedger</u>	
9. Residence (Usual place of abode) <u>Claypool</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Claypool</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>27</u> (Years)
13. Birthplace (city or place) (State or country) <u>Texas</u>		18. Birthplace (city or place) (State or country) <u>Texas</u>	
13. Occupation Nature of industry <u>Janitor at the Franklin School</u>		19. Occupation Nature of industry <u>House wife</u>	
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 <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~.) at 2 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 evidences of life after birth.
Given name added from _____
a supplemental report _____
Month, day, year.

Signature E. M. Tompkins (Physician or midwife)
Address _____
Filed June 30 1924 Local Registrar. C. E. Drinn
Filed JUL 6 1924 County Registrar. R. J. Davis

845-611-982