

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila District of _____ State Index No. 157
 Town of Hayden County Registrar No. 715
 or _____ Local Registrar No. 34
 City of _____ No. _____ St. _____ Ward _____

2. Full name of child Martha Lu McAndrews 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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug 18 1924
 Month day year

FATHER		MOTHER	
8. Full name <u>George C McAndrews</u>	14. Full maiden name <u>Alph Murchison</u>	9. Residence (Usual place of abode) <u>Hayden</u>	15. Residence (Usual place of abode) <u>Hayden</u>
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Briggs Texas</u>	(State or country) <u>Texas</u>	18. Birthplace (city or place) <u>Musard Texas</u>	(State or country) _____
13. Occupation <u>Foreman</u>	Nature of industry _____	19. Occupation <u>House Wife</u>	Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 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 _____ on the date above stated.
 (Born alive or stillborn.)

Signature Charles Stewart M.D. (Physician or midwife)
 Address Hayden Arizona
 Filed Aug 20 1924 Filed NOV 8 1924
 Registrar. _____ County Registrar. _____

442-818-145