

1485

PLACE OF BIRTH

GIVEN NAME ADDED BY SUPPLEMENTAL REPORT ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa District of _____ Town of _____ or Phoenix No. St. Joseph's Hosp. State Index No. 420 County Registrar No. 2274 Local Registrar No. 1216

2. Full name of child Martha Lois Viault (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? 7. Date of birth Nov-23-24 Month Day Year

8. FATHER Full name Arthur Ferdinand Viault

14. MOTHER Full maiden name Naamah Young

9. Residence (Usual place of abode) Temp Arizona If non-resident, give place and state.

15. Residence (Usual place of abode) Tempe If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 34 (Years)

16. Color or race White 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Fairban (State or country) Minn.

18. Birthplace (city or place) Portland (State or country) Oregon

13. Occupation Nature of industry Flour Mining

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

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 Phineas Address _____ (Physician or midwife.)

Given name added from a supplemental report _____ Month, day, year Filed 11-28, 1924 Local Registrar _____ Filed _____, 19____ County Registrar _____

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 order of birth stated.

453-1123-587