

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 222

County Registrar No. 1034

Local Registrar No. _____

Ward _____

No. M. + J. Hospital (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.

2. Full name of child Martha Ann Gerling

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 1st 6. Legitimate? yes 7. Date of birth Dec. 31 - 1924 Month day year

8. FATHER Full name William John Gerling

14. MOTHER Full maiden name Lucille Halleck

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

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

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

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

12. Birthplace (city or place) Carthage Ohio (State or country)

18. Birthplace (city or place) Abilene, Kansas (State or country)

13. Occupation Nature of industry Repair foreman

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 1 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 born at 1 P.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 evidences of life after birth.

Signature Cyril M. Brown M.D. (Physician or midwife)

Address Miami, Ariz.

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

Filed Dec 31, 1924 Local Registrar. P. E. Dism

Filed 1-5-25 County Registrar. B. G. Day

Registrar.

County Registrar.

477-1231-387