

MARGIN RESERVED FOR BINDING
 WRITE - MAINLY 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
STANDARD CERTIFICATE OF BIRTH

State File No. 171 V
 Registered No. 146

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Waltis Harold Martin (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 Male To be answered ONLY in event of plural births. }
 4. Twin, triplet or other 1st }
 5. No., in order of birth 1st }
 6. Legitimate? yes }
 7. Date of birth June 17-1925
 Month Day Year

8. FATHER
 Full name Arvil B. Martin

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

10. Color or race Cauc.
 11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Dodd City Texas
 (State or country)

13. Occupation
 Nature of industry Cook

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 _____

14. MOTHER
 Full maiden name Waltina G. Merriotte

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

16. Color or race Cauc.
 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Stover, Mo.
 (State or country)

19. Occupation
 Nature of Industry Housewife

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 6:40 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 evidence of life after birth.

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

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed July 2, 1925 C. E. Dwin
 Registrar Registrar

645-617-645