

MARGIN RESERVED FOR INDEXING
 WRITE IN 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or _____

City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 199

County Registrar No. _____

Local Registrar No. 165

No. Gila Co Hosp St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Rodrick Loraine Martin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>m</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth <u>2</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 25 - 25 -</u> Month Day Year
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8. FATHER
 Full name Louis Martin

14. MOTHER
 Full maiden name Armada Hunsacker

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

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

10. Color or race w
 11. Age at last birthday 33 (Years)

16. Color or race w
 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Ariz
 (State or country)

18. Birthplace (city or place) Ariz
 (State or country)

13. Occupation machinist
 Nature of industry

19. Occupation housewife
 Nature of industry

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 0
 (c) Stillborn 0

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 7 9 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 R. D. Kennedy (Physician or midwife).
 Address Globe

Given name added from a supplemental report. Month, day, year
 Filed 6/30, 1935 24 W. 19th
 Local Registrar.

Registrar _____ 19____ County Registrar.

345-625-187