

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _____
 District of _____
 Town of _____
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138
 County Registrar No. _____
 Local Registrar No. 266

2. Full name of child Elizabeth Gladys Martin (If child is not yet named, make supplemental report, as directed.)
 No. _____ of birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

3. Sex of Child ♀ To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes.
 5. No. in order of birth _____ 7. Date of birth 9 18 25
 Month Day Year

8. FATHER
 Full name Nathaniel G. Martin

14. MOTHER
 Full maiden name Helen Wang

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

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

10. Color or race W
 11. Age at last birthday 24 (Years)

16. Color or race W
 17. Age at last birthday 21 (Years)

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

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

13. Occupation
 Nature of industry Carpenter

19. Occupation
 Nature of industry W

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 3
 (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 alive at 1:54 PM 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 C. E. Davis
 (Physician or midwife)

Address Miami

Given name added from a supplemental report

Filed Sept 22 25 C. E. Davis
 Local Registrar.

Month, day, year
545-918-848
 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 each in order of birth stated.

NEVER USE RED INK FOR BINDING