

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 154 ✓

Registered No. 431

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. M. + J. Hospital St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pita May Martin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. <input checked="" type="checkbox"/> Twin, triplet or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>Dec. 28, 1925.</u> Month Day Year
		5. No., in order of birth		

9. FATHER
Full name Frank James Martin

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

10. Color or race Cauc.
11. Age at last birthday 42 (Years)

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

13. Occupation
Nature of industry Master Mechanic.

14. MOTHER
Full maiden name Emma Marie Cantlon

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 36 (Years)

18. Birthplace (city or place) Salt Lake City, Utah
(State or country)

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 <u>1</u>	(b) Born alive but now dead <u>1</u>	(c) Stillborn
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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 8:30 A. 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 only)

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

Address Miami, Arizona

Filed Jan 9, 1926 Re. E. Iron
Registrar

Registrar _____

945-1228-535