

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 142
 Registered No. 58

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ora 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. Twin, triplet or other <u>-</u>	5. Legitimate? <u>yes</u>	6. Date of birth <u>March 8, 1926</u> Month Day Year
5. No., in order of birth _____				

8. FATHER
 Full name Jessie B. Martin
 9. Residence (Usual place of abode)
Globe, Ariz.
 If non-resident, give place and state.
 10. Color or race
white
 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place)
Matrisso
 (State or country) Arizona
 13. Occupation
 Nature of Industry miner

14. MOTHER
 Full maiden name Edna Elmer
 15. Residence (Usual place of abode)
Globe, Ariz.
 If non-resident, give place and state.
 16. Color or race
white
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place)
nephi
 (State or country) Utah
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother five
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living five
 (b) Born alive but now dead none
 (c) Stillborn none
 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 4 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 J. C. Harper, M.D.
 (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Ariz.
 Month, day, year _____
 Filled 3/8/26 J. C. Harper
 Registrar 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.

645 - 306 - 559