

V

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Bila
 District of Claypool
 Town of Miami
 or
 City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174a
 County Registrar No. _____
 Local Registrar No. 662

No. 210 Warrior Bldg
 St. _____ Ward _____

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

2. Full name of child Howard William Martin (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. _____ 5. Legitimate? yes 6. Date of birth mar 21 1926
 Month Day Year

8. FATHER
 Full name Charles Marshall Martin

14. MOTHER
 Full maiden name Ruth Marie Hedges

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

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

10. Color or race white 11. Age at last birthday 47 (Years)

16. Color or race white 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) _____
 (State or country) Texas

18. Birthplace (city or place) _____
 (State or country) Texas

13. Occupation Tenant officer
 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 4
 (b) Born alive but now dead _____
 (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 alive (Born alive or stillborn.) at 12:40 A.M. on the date above stated

* 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. J. Muller (Physician or midwife)
 Address Miami Ariz

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____
 Filed June 8 26, 19____ Local Registrar L. E. Jordan
 Filed _____, 19____ County Registrar _____

845-321-982

If child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
 more than