

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of San Carlos
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Patricia Marie Martier
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 7 21 26
Month day year

8. FATHER
Full name Clarence J. Martier

14. MOTHER
Full maiden name Bessie Kay

9. Residence (Usual place of abode) San Carlos Ariz
If nonresident, give place and state

15. Residence (Usual place of abode) San Carlos Ariz
If nonresident, give place and state

19. Color or race 1/4 Indian
21. Age at last birthday 30 (Years)

16. Color or race 1/4 Indian
17. Age at last birthday 20 (Years)

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

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

13. Occupation Common Laborer
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? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature C. H. Sawyer M.D. (Physician or midwife)
Address San Carlos Ariz

Month, day, year. _____ Filed _____, 19____
Local Registrar. C. H. Sawyer
County Registrar. _____
Registrar. _____ Filed _____, 19____

745-721-278