

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 :

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

District of _____ BUREAU OF VITAL STATISTICS State Index No. 455

Town of _____ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. _____

or Phoenix, Ariz Local Registrar No. 18221

City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child May Martenson) 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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug 24-26
Month _____ day _____ year _____

8. FATHER Full name Joseph Martenson 14. MOTHER Full maiden name May Corritt

9. Residence (Usual place of abode) Tallieson 15. Residence (Usual place of abode) #1
If non-resident, give place and state _____ If non-resident, give place and state _____

10. Color of race White 16. Color of race White
11. Age at last birthday 37 (Years) 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Colorado 18. Birthplace (city or place) Idaho
(State or country) _____ (State or country) _____

13. Occupation Farmer 19. Occupation Housewife
Nature of industry _____ Nature of industry _____

20. Number of children of this mother { (a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0 } 21. Were precautions taken against ophthalma neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at 3:00 p.m. on the date above stated.

Signature O. B. Palmer
*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.
Address 125 W. Marshall
Given name added from _____
a supplemental report _____

Filed _____ 1920
Month, day, year. _____
Local Registrar. _____
County Registrar. _____

945-823-273