

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 Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146
County Registrar No. 839
Local Registrar No. _____

2. Full name of child Margaret Louise Martin (If child is not yet named, make supplemental report, as directed.)
No. 2 Reynolds Canon St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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 Sept. 18, 1926
Month Day Year

8. FATHER
Full name Orville B. Martin
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Cauc.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Woods City, Texas
(State or country)
13. Occupation Motorman
Nature of industry Mining

14. MOTHER
Full maiden name Waltina Merriott
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 19 (Years)
18. Birthplace (city or place) Stover, Mo.
(State or country)
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 2
(b) Born alive but now dead _____
(c) Stillborn _____
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 10:45 A.m. on the date above stated
(Normal live 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 Eyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed Sept 25, 19 26 H. E. Davis Local Registrar.
Registrar _____ County Registrar.

445-918-643