

SUPPLEMENTAL CERTIFICATE OF ADOPTION

CERTIFICATE OF BIRTH

**ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS**

State File No. 104
Registrar's No. _____

1. PLACE OF BIRTH: (a) County GILA (b) City or Town MIAMI (c) Location _____ (d) Length of Mother's Stay Prior to Delivery: In Hospital or Institution _____ In this Community _____ yrs _____ mos _____ days (e) (St. and No. (or) Name of Institution) _____
2. USUAL RESIDENCE of Mother: (a) State ARIZONA (b) County PIMA (c) City or Town TUCSON (d) Street No. 742 S. 3rd. (e) (If outside city limits also write RURAL) _____ In Arizona _____ yrs _____ mos _____ days
3. FULL NAME of Child ELSE MARI MARTIN 4. DATE OF BIRTH APRIL 1, 1928
(If child not named leave space for given name)
5. Sex FEMALE 6. Twin or triplet—1st, 2nd or 3rd _____ 7. Number of months of pregnancy _____ 8. Is mother married? _____

FATHER OF CHILD

MOTHER OF CHILD

9. Full name George W. Martin
10. Race: White Indian Negro 11. Age at time of this birth 31 years
12. Birthplace Keeler, Colo.
(City, town, or county) (State or foreign country)
13. Occupation _____
(Trade, profession or kind of work)
14. Industry or business _____
(General nature and name of)
15. Residence 742 S. 3rd., Tucson, Arizona

16. Full maiden name Ruby E. Winkle
17. Race: White Indian Negro 18. Age at time of this birth 25 years
19. Birthplace San Antonio, Texas
(City, town, or county) (State or foreign country)
20. Occupation _____
(Trade, profession or kind of work)
21. Industry or business _____
(General nature and name of)

22. Children born to this mother, including this child:
(a) How many children of this mother are now living? _____
(b) How many other children were born alive but are dead? _____
(c) How many children were born dead? _____

23. Mother's mailing address for registration notice: _____

24. I hereby certify that I attended the birth of this child who was born alive at the hour of _____ m. on the date above stated and that the information given was furnished by _____ related to this child as _____
- Attendant's signature Nelson D. Brayton, MD.
M.D., midwife, or other _____ Date signed _____
Address Miami, Arizona
25. Date received by local registrar Apr. 11, 1928
26. Registrar's signature C. E. Irvin

SUPPLEMENTARY DATA BELOW ARE NOT A PART OF THE LEGAL CERTIFICATE

27. (a) Pregnancy, Complications of: _____
(b) Labor, Complications of: _____
(c) Was there an operation for delivery? _____ (yes or no)
State all operations _____
- (d) Did baby have any: (1) Congenital malformation? _____
Describe: _____
(2) Birth injury? _____ Describe: _____
- (e) Was a prophylactic drug used in the baby's eyes? _____
(f) Did mother have a serological test for syphilis? _____