

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 157  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township San Carlos or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Timothy Martin

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>12/19/28</u> Month / Day / Year
		5. No., in order of birth _____		

8. FATHER  
Full name Clarence Martin

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

10. Color or race Apache  
4/4 Indian

11. Age at last birthday 26 (Years)

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

13. Occupation  
Nature of industry common labor

14. MOTHER  
Full maiden name Bessie Gay

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

16. Color or race Apache  
4/4 Indian

17. Age at last birthday 22 (Years)

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

19. Occupation  
Nature of industry housewife

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 <u>5</u>	21. Were precautions taken against ophthalmia neonatorum?
	(b) Born alive but now dead <u>0</u>	<u>no</u>
	(c) Stillborn <u>0</u>	

I hereby certify that I attended the birth of this child, who was born alive at 1. A. 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 evidence of life after birth.

Signature C. H. Sawyer M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos, Ariz.

Month, day, year

Filed \_\_\_\_\_, 19 28 C. H. Sawyer Registrar

Registrar

345-1219-278