

P. D.—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.

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

State File No. 1281  
 Registered No. 158

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1619 Pine St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Martin Clifford Key  
(If child is not yet named, make supplemental report, as directed.)

**3. Sex of Child** male **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** April 8 1929  
Month Day Year

**8. FATHER**  
**Full name** Martin Clifford Key

**14. MOTHER**  
**Full maiden name** Nannie Elizabeth Hudson

**9. Residence** (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

**15. Residence** (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

**10. Color or race** White

**11. Age at last birthday** 37 (Years)

**16. Color or race** White

**17. Age at last birthday** 32 (Years)

**12. Birthplace** (city or place) \_\_\_\_\_  
(State or country) Georgia

**18. Birthplace** (city or place) \_\_\_\_\_  
(State or country) Tennessee

**13. Occupation** Acetylene welder  
Nature of industry

**19. Occupation** Housewife  
Nature of industry

**20. Number of children of this mother** 3  
(Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 3  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

**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 alive at 12:30 P. m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
M.D.  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
 a supplemental report. Month, day, year \_\_\_\_\_

Registrar 428-408-585 Filed Apr 20 29 1929 Registrar C. E. Jones