

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

State File No. 170  
 Registered No. 68

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Keope or Village \_\_\_\_\_  
 City Keope No. 735 S. Broad St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Frederick Martin (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 7. Date of birth April 21-1929  
 Month Day Year

8. FATHER  
 Full name Fred Martin  
 9. Residence 735 S. Broad Keope Ariz  
(Usual place of abode)  
If non-resident, give place and state.

14. MOTHER  
 Full maiden name Bertha Kaly  
 15. Residence Keope Arizona  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 19 (Years)

16. Color or race White 17. Age at last birthday 49 (Years)

12. Birthplace (city or place) Keope  
(State or country) Arizona

18. Birthplace (city or place) Keope  
(State or country) Arizona

13. Occupation Oil & D. Power House  
 Nature of industry O. D. Mine

19. Occupation Housewife  
 Nature of industry Housewife

20. Number of children of this mother one (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living one  
 (b) Born alive but now dead none  
 (c) Stillborn none

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 alive at 4:20 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 G. E. Edgingham, M.D.  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Globe Ariz  
 Month, day, year \_\_\_\_\_ Filed 5/6, 1929 G. E. Edgingham, M.D. Registrar

Registrar

745-421-288

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.