

N. S.—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—52182

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

State File No. 186
Registered No. 177

1. PLACE OF BIRTH

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

2. Full name of child Martin Elmer Patterson (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. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth April 25 1929
Month Day Year

8. FATHER
Full name Dabney Martin Patterson

14. MOTHER
Full maiden name Mary Elizabeth Anderson

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

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

10. Color or race White 11. Age at last birthday 23 (Years)

16. Color or race White 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Eagle Pass
(State or country) Texas

18. Birthplace (city or place) Terrehaute
(State or country) Indiana

13. Occupation Physical Director
Nature of Industry Y.M.C.A.

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 (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 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 9:30 P 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 J. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Apr 30, 1929 C. C. Jones
Registrar Registrar

475-425-415