

## PLACE OF BIRTH

1. County of Gila  
 District of San Carlos  
 Town of Rice  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Martha Martin  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F 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 6/ II- 29  
 Month Day Year

8. FATHER  
 Full name Jimmie Martin

14. MOTHER  
 Full maiden name Hazel Hoffman

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

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

10. Color or race Apache Ind. ?  
 11. Age at last birthday \_\_\_\_\_ (Years)

16. Color or race 4/4 Apache Ind. ?  
 17. Age at last birthday \_\_\_\_\_ (Years)

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

18. Birthplace (city or place) Rice  
 (State or country)

13. Occupation ?  
 Nature of Industry

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother } (a) Born alive and now living 2  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0  
 certified and including this child.) } (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?  
yes

I hereby certify that I attended the birth of this child, who was alive at 12 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 V.R. Combs (Physician or midwife)

Address Rice, Arizona

Given name added from \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ Local Registrar.  
 a supplemental report Month, day, year

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar

445-611-885

Order of birth stated.