

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

State File No. 523
 Registered No. 976

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Tucson No. Storks nest St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martha Louise Hawley If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 12-30-27
Month Day Year

8. FATHER
 Full name Johnny Hawley
 9. Residence Box 3313 Station F Jacksonville Florida
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
 Full maiden name Verberna Smith
 15. Residence Same
(Usual place of abode)
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 91 (Years)

12. Birthplace (city or place) _____
(State or country) Oklahoma

18. Birthplace (city or place) _____
(State or country) Meridian Mississippi

13. Occupation musician
Nature of industry

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 _____ at 7:23 a on the date above stated.
(Born alive or stillborn)

Signature Dr. E. J. Gouthell
Tucson
(Physician or midwife).

* 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.

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Filed 1/4, 1928 Dr. Alvin Dennis
 Registrar. Registrar.

488-1230-228