

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

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

State File No. 411
Registered No. 19

1. PLACE OF BIRTH

County Navajo State Ariz.
District or Township Clay Springs or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Warren Petersen { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
7. Date of birth Nov. 1, 1927
Month Day Year

8. FATHER
Full name Thorwald Petersen

14. MOTHER
Full maiden name Madora Hancock

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

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

10. Color or race M
11. Age at last birthday 40 (Years)

16. Color or race M
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Pinedale Ariz.
(State or country)

18. Birthplace (city or place) P Eden Ariz.
(State or country)

13. Occupation Farmer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:40 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. H. Heywood
Phys. (Physician or midwife.)

Given name added from a supplemental report _____ Address Snowflake
Month, day, year _____

Filed Dec 2, 1927 Mrs J. Edw. Brewer
Registrar

675-1101-480