

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

State File No. 294  
 Registered No. 1548

**1. PLACE OF BIRTH**

County Maricopa State Arizona  
 District or Township Phoenix or Village \_\_\_\_\_  
 City Phoenix No. St. Joseph's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.)

**2. Full name of child**

Pesterine

**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 12-15-27  
 Month Day Year

**8.**

**FATHER**

Full name

Mike Pesterine

**9. Residence**

(Usual place of abode)

If non-resident, give place and state.

Laveen  
Ariz

**10. Color or race**

Italian

11. Age at last birthday..... (Years)

**12. Birthplace (city or place)**

(State or country)

Italy

**13. Occupation**

Nature of industry

Farmer

**14.**

**MOTHER**

Full maiden name

Anna Yutzge

**15. Residence**

(Usual place of abode)

If non-resident, give place and state.

Laveen  
Ariz

**16. Color or race**

White

17. Age at last birthday..... (Years)

**18. Birthplace (city or state)**

(State or country)

Tucson  
Ariz

**19. Occupation**

Nature of industry

Housewife

**20. Number of children of this mother.....**

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living.....  
 (b) Born alive but now dead.....  
 (c) Stillborn.....

**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 or stillborn) at \_\_\_\_\_ m. on the date above stated.

\* 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

Mrs. A. [Signature]

(Physician or midwife)

Given name added from a supplemental report.

Month, day, year

Address

Registrar.

Filed 12-88, 1927.

[Signature]  
 Registrar.

015-1215-185