ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 163

Registered No. 78

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Claypool or Village

City Miami No. 5 Copper St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William John Peterson } 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 Feb 5 1930 (Month Day Year)

8. FATHER Full name William Maurice Peterson

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

10. Color or race White | 11. Age at last birthday 22 (Years)

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

13. Occupation Electrician, surface
Nature of Industry Copper mine

14. MOTHER Full maiden name Helena Katherine Dorsnik

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

16. Color or race White | 17. Age at last birthday 22 (Years)

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

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 (Born alive or stillborn) at 3:30 a 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 F. R. Muller M.D. (Physician or midwife.)

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

Registrar.

Filed Feb 15 1930 C. E. Dorsey Registrar.

675-205-842

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.