

WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child ... a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. _____
 Registered No. 129

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Box 46 Claypool, Ariz. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Anna Lee Peterson
(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. _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Feb. 5-1930
 Month Day Year

8. FATHER
 Full name Peter Peterson
 9. Residence Miami, Arizona
(Usual place of abode)
 If non-resident, give place and state. Arizona
 10. Color or race Cauc.
 11. Age at last birthday 46 (Years)
 12. Birthplace (city or place) Graham, Arizona
(State or country)
 13. Occupation Boiler maker
 Nature of industry Mining

14. MOTHER
 Full maiden name Alice L. Nelson
 15. Residence Miami, Arizona
(Usual place of abode)
 If non-resident, give place and state. Arizona
 16. Color or race Cauc.
 17. Age at last birthday 41 (Years)
 18. Birthplace (city or place) Bloomington, Idaho
(State or country)
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 9 } (a) Born alive and now living 9
(Taken as of time of birth of child herein certified and including this child.) } (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 Born alive at 2:30 A.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 Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____
 Filed April 8, 1930 C. E. Devin
 Registrar Registrar

175-205-155