

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 206
Registered No. 155

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration 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 Nadia Bell Peterson

| | | | | |
|----------------------------------|--|--------------------------------|---------------------------|---|
| 3. Sex of Child <u>female</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other..... | 6. Legitimate? <u>yes</u> | 7. Date <u>March 29 1930</u> of birth Month Day Year |
| | | 5. No., in order of birth..... | | |

8. FATHER
Full name Theodore Henry Peterson

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

10. Color or race White
11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Michigan
(State or country)

13. Occupation Construction
Nature of Industry Building

14. MOTHER
Full maiden name Alma Alvera Nelson

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

16. Color or race White
17. Age at last birthday 28 (Years)

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

19. Occupation Housewife
Nature of Industry

| | | | | |
|---|---|---|---------------------------|--|
| 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... <u>1</u> | (b) Born alive but now dead... <u>0</u> | (c) Stillborn... <u>0</u> | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> |
|---|---|---|---------------------------|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was alive at 9:45 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. Miller
MD
(Physician or midwife.)

Given name added from a supplement report _____
Month, day, year _____
Address Miami, Arizona
Registrar. R. E. Jones
Filed Apr 1 1930 Registrar.

279-135