

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

State File No. 187
 Registered No. 402

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 401 Peppy Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Grace 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. _____ 5. No., in order of birth. _____
 6. Legitimate? yes 7. Date of birth June 17 - 1930
 Month Day Year

8. FATHER
 Full name Charles Neils Peterson
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Cauc.
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Bisbee
 (State or country) Arizona
 13. Occupation Electrician
 Nature of Industry Mining

14. MOTHER
 Full maiden name Essie Corinne Drennan
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Cauc.
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) Lordsburg
 (State or country) New Mex
 19. Occupation _____
 Nature of Industry Housewife

20. Number of children of this mother 1 } (a) Born alive and now living. 1
 (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 3 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 or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year June 20 1930
 Registrar B. E. King
 Registrar

275-617-545

GIVEN IN ORDER AS SHOWN STATED.