

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

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

State File No. 155
Registered No. 177

1. PLACE OF BIRTH
County Yila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hakon Phillip Pearce (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug 15 1930</u> Month Day Year
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8. FATHER
Full name J. Phillip Pearce
9. Residence (Usual place of abode) Mesa Arizona
If non-resident, give place and state. Arizona
10. Color or race white
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Mesa Arizona
(State or country)
13. Occupation Merchant - Freed Company.
Nature of industry

14. MOTHER
Full maiden name Ketta Marie Thelander
15. Residence (Usual place of abode) Mesa Arizona
If non-resident, give place and state. Arizona
16. Color or race white
17. Age at last birthday 14 (Years)
18. Birthplace (city or place) Callender Iowa
(State or country)
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 Born alive at 8:00 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 Herman C. Bodemer
Physician
(Physician or Midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year _____
Registrar _____
Filed 9/16 1930 G. E. Wightman
Registrar

875-815-239