

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

State File No. 162  
 Registered No. 239

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. 421 Cuprite St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Full name of child Josephine Glenor Gustafson  
(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.)

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 12-16-30  
 Month Day Year

**8. FATHER**  
 Full name Simon E. Gustafson  
 9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Arizona  
 10. Color or race white  
 11. Age at last birthday 43 (Years)  
 12. Birthplace (city or place) Sweden  
 (State or country)  
 13. Occupation miner  
 Nature of industry Copper Mining

**14. MOTHER**  
 Full maiden name Estude Peterson  
 15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Arizona  
 16. Color or race white  
 17. Age at last birthday 39 (Years)  
 18. Birthplace (city or place) Marquette  
 (State or country) Nebraska  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 9 (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 3:30 a.m. on the date above stated.  
(Born alive or stillborn)

Signature Herman E. Bodemer  
 \_\_\_\_\_  
 Physician or Midwife.  
 Address Globe Arizona  
 \_\_\_\_\_  
 Filed 1/6, 1931 S. E. Wightman, Inc.  
 Registrar

\* 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.

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar

175-1016-775