

ARIZONA STATE BOARD OF HEALTH

State File No. **153**  
Registered No. **254**

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Arizony State Arizona  
Township Safford or Village                       
City Trotter No.                      St.                      Ward                       
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Mullens

(If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet or other                      5. Number, in order of birth                      6. Premature                      7. Legitimate                      8. Date of birth Oct. 15, 1931  
(Month, day, year)

9. Full name of father Walter A. Mullens  
10. Residence (usual place of abode) (If nonresident, give place and State) Trotter  
11. Color or race W. 12. Age at last birthday 37 (Years)  
13. Birthplace (city or place) Safford  
(State or country) Arizona

18. Full maiden name of mother Lillian Peterson  
19. Residence (usual place of abode) (If nonresident, give place and State) Trotter  
20. Color or race W. 21. Age at last birthday 31 (Years)  
22. Birthplace (city or place) Trotter  
(State or country) Ariz

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming  
16. Date (month and year) last engaged in this work Sept 1, 1931  
17. Total time (years) spent in this work 20

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.                       
25. Date (month and year) last engaged in this work                       
26. Total time (years) spent in this work                     

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead                      (c) Stillborn                     

28. If stillborn, period of gestation                      months or weeks                      29. Cause of stillbirth                      Before labor                      During labor                     

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:30 P m. on the 15th day above stated (born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) W. J. Butler M. D.

or                      Midwife

Address                     

Piled Nov 18, 1931 Registrar                     

Given name added from a supplemental report                      (Date of) 047-1018-375

Registrar

W. J. Butler

MARGIN RESERVED FOR BINDING  
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.