ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 109

Registered No. 885

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P. O. Box 176 - Claypool - Ariz

City: Miami No. 137 Warrior Canons Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Rodney Orson Peterson (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male

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: Nov. 14 - 1931. (Month Day Year)

FATHER

8. Full name: Orson Peter Peterson

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Caus.

11. Age at last birthday: 24 (Years)

12. Birthplace (city or place): Safford.

(State or country): Arizona

13. Occupation: Miner

Nature of industry:

MOTHER

14. Full maiden name: Eva Rita Carter

15. Residence (Usual place of abode): Miami.

If non-resident, give place and state: Arizona

16. Color or race: Caus.

17. Age at last birthday: 20 (Years)

18. Birthplace (city or place): Santa Rita

(State or country): New Mex.

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.): 1

(a) Born alive and now living: 1

(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 (Born alive or stillborn) at 6 30 A. m. on the date above stated.

Signature: Cyril M. Crow M.D. (Physician or midwife).

Address: Miami, Arizona.

Filed: Dec 5, 1931 Charles E. Irvine 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 a supplemental report: Month, day, year

975 - 1114 - 939 Registrar

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each order of birth stated.