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

State File No. ____
Registered No. 378

1. PLACE OF BIRTH
County Gila State Arizona
District or Township ____ or Village ____
City Miami No. 401 Coffee Canon St. ____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy Pauline 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 Dec. 10 - 1931. (Month Day Year)

8. FATHER
Full name Charles Neils 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 26 (Years)
12. Birthplace (city or place) Safford
(State or country) Arizona.
13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Essie C. Drennan
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 21 (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 (Taken as of time of birth of child herein certified and including this child.) 2
(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 (Born alive or stillborn.) at 3 20 p. m. on the date above stated.

* 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. Cron M.D. (Physician or ~~midwife~~)
Address Miami, Arizona.
Given name added from a supplemental report ____ Month, day, year
475-1210-545 Registrar
Filed Dec 28, 1931 Charles E. Arnin Registrar

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.