

WRITE PLAINLY WITH UNFADING INK—ARRANGE AS A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
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.

(230)

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

State File No. 230
Registered No. 230

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village
City Globe No. Gila General Hosp. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marilyn Verna Olson
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY if child is not yet named, make supplemental report, as directed.
Injunct of plural of this. 4. Twin, triplet or other..... 5. Legitimate? Yes
6. Date of birth Dec. 30, 1931
Month Day Year

8. FATHER
Full name John A. Olson
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

14. MOTHER
Full maiden name Erlyn Peterson
15. Residence (Usual place of abode) Ariz.
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 32 (Years)

16. Color or race White
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Globe
(State or country) Arizona

18. Birthplace (city or place) South Dakota
(State or country)

13. Occupation Laborer
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn.....
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 Alive (Born alive or stillborn) at 12:00 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 H. E. Wylman (Physician or midwife)

Given name added from a supplemental report. Month, day, year
465-1230-575
Registrar

Address Globe Ariz.
Filed 1/5 1932 H. E. Wylman Registrar