ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 77

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State

Township Globe or Village

City No. St. Ward

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

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

3. Sex Female | 4. If plural, twin, triplet, or other | 5. Number, in order of birth | 6. Premature | Full term | 7. Legitimate Yes | 8. Date of birth Aug 9 33 (Month, day, year)

FATHER		MOTHER	
9. Full name	William Henrik Peterson	10. Full maiden name	Helena Dorwik
10. Residence (usual place of abode) (If non-resident, give place and State)	Globe Ariz	19. Residence (usual place of abode) (If non-resident, give place and State)	Globe Ariz
11. Color or race	White	20. Color or race	White
12. Age at last birthday	26 (Years)	21. Age at last birthday	27 (Years)
13. Birthplace (city or place) (State or country)	US	22. Birthplace (city or place) (State or country)	Gonkenstry Germany
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Silk mill	24. Industry or business in which work was done, as silk mill, hospital, lawyer's office, silk mill, etc.	Nursing
16. Date (month and year) last engaged in this work, 19		25. Date (month and year) last engaged in this work, 19	
17. Total time (years) spent 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 3 (b) Born alive but now dead 0 (c) Stillborn 0

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 (Born alive or stillborn) at 9 a.m. on the date above stated

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

Given name added from a supplemental report (Date of)

Registrar

(Signed) Helen S Boyer, M. D.

or Midwife

Address Miami

Filed Aug 10 1933 Hoffman

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