

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 403
Registered No. 384

1. PLACE OF BIRTH

STANDARD CERTIFICATE OF BIRTH

County Mohave State ARIZONA
Township Prophet or Village _____
City Prophet No. Good Samaritan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Coralyn Triffel { If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplets, or other _____ 6. Premature _____ 7. In mother _____ Date of birth 9-19-37
8. Full term _____ married _____ (Month, day, year)

9. Full name of FATHER Harold C. Triffel

10. Full maiden name of MOTHER W. M. Peter Peterson

10. Residence (usual place of abode) (If non-resident, give place and State) Superior Ariz

19. Residence (usual place of abode) (If non-resident, give place and State) Same

11. Color or race White 12. Age at last birthday 30 (Years)

20. Color or race White 21. Age at last birthday 30 (Years)

13. Birthplace (city or place) (State or Country) Kentucky

22. Birthplace (city or place) (State or Country) Mesa Ariz

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife

15. Industry or business in which work was done, as silk sawmill, bank, etc. Magna Copper Co

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 19 _____

25. Date (month and year) last engaged in this work _____ 19 _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (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 Coralyn Triffel at _____ on the date above stated (Born alive or stillborn)

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

(Signed) Christina J. Brown M. D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife

Address 15 E Monroe St

Filed 2-28 1937 W. F. Peterson Registrar.

Registrar.

375-219-1079