

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be filed by the attending Physician, Midwife with each local Registrar within 15 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Apache BUREAU OF VITAL STATISTICS 11 State Index No. 399
District of St Johns ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 27
Town of St Johns Local Registrar's No. 9
or
City of St Johns No. Donald Gerald Peterson St. St Johns Ward

FULL NAME OF CHILD Not named } Born } YES
} Alive } ~~NO~~
If child is not named, make Supplemental Report on blank obtainable from local registrar

Sex of Child m Twin, Triplet or other } and } Number in order of birth 2 Legitimate? Yes Date of Birth Feb. 24 1916
(Month) (Day) (Yr.)

FATHER
Full Name Marion P Peterson
Residence St Johns, Ariz.
Color or Race White Age at last Birthday 38 (Years)
Birthplace Utah
Occupation Stock Raiser

MOTHER
Full Maiden Name Laveria Perry
Residence St Johns, Ariz.
Color or Race White Age at last Birthday 36 (Years)
Birthplace Utah
Occupation Housewife

Number of child of this mother... 6 Number of children, of this mother, now living... 6 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 24 1916 at 11:00 M.
{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) J. J. Bouldin (Attending physician, midwife, householder*)

Given or christian name added from a supplemental report.....191..... Address St Johns

Filed 2/29 1916 LOCAL REGISTRAR. Walter Fuser
A True Copy Filed 3/20 1916 COUNTY REGISTRAR. J. J. Bouldin

475-224-328 COUNTY REGISTRAR.