4205

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. [illegible]

Co. Registrar's No. 207

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Miami

Town of Claypool
or
City of .....

(No. ..... St: ..... Ward)

FULL NAME OF CHILD Ila May Peterson | Born Alive | YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 2 | Legitimate? yes | Date of Birth March - 26 - 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	M. A. Peterson	Full Maiden Name	May Gilette
Residence	Claypool Ariz	Residence	Claypool Ariz
Color or Race	White American	Color or Race	White American
Age at last Birthday	26 Years	Age at last Birthday	24 Years
Birthplace	Ariz	Birthplace	Okla
Occupation	Electrician	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 3/26/1921, at 1 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature T. H. Slaughter
Attending physician, midwife, householder.*

Address [illegible]

Given or Christian name added from a supplemental report ..... 191..

Filed Apr 7 1921 B. M. Hardy M.D.
LOCAL REGISTRAR.

A True Copy

Filed May 7 1921 B. G. [illegible]
COUNTY REGISTRAR.

COUNTY REGISTRAR.

975-326-475