

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila,</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>170</u>
District of <u>Globe,</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>69</u>
Town of _____			Local Registrar No. _____
or <u>Globe,</u>			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child _____			
{ If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
		5. No., in order of birth _____	7. Date of birth <u>1</u> <u>28</u> <u>1923</u> Month Day Year
8. FATHER Full name <u>Nick Peterson,</u>		14. MOTHER Full maiden name <u>Katina Mountanon,</u>	
9. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe.</u> If nonresident, give place and state	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>34</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Greece.</u> (State or country)		18. Birthplace (city or place) <u>Greece.</u> (State or country)	
13. Occupation <u>Merchant</u> Nature of industry		19. Occupation <u>Housewife,</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
		(a) Born alive and now living <u>2</u>	
		(b) Born alive but now dead _____	
		(c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at _____ A. M. 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>[Signature]</u> (Physician or midwife)	
		Address <u>Globe, Ariz.</u>	
Given name added from a supplemental report _____ Month, day, year.		Filed <u>[Signature]</u> 19 <u>23</u> Local Registrar.	
Registrar.		Filed <u>[Signature]</u> 19 <u>23</u> County Registrar.	

075-128-245