

In order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
 District of \_\_\_\_\_  
 Town of Globe

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128  
 County Registrar No. 157  
 Local Registrar No. \_\_\_\_\_

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 Edna Mae Peterson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. - 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth Feb. 12 1924  
 Month day year

8. FATHER  
 Full name Sylvester Orau Peterson  
 9. Residence (Usual place of abode) Globe  
 If nonresident, give place and state

14. MOTHER  
 Full maiden name Dollie Ellen Mason  
 15. Residence (Usual place of abode) Globe Arizona  
 If nonresident, give place and state

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

16. Color or race White  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) South Dakota  
 (State or country)

18. Birthplace (city or place) Arizona  
 (State or country)

13. Occupation Mechanic  
 Nature of industry

19. Occupation House wife  
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn.) at 9:30 p.m. on the date above stated.

\*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 evidences of life after birth.  
 Signature L.M. Tompkins M.D. (Physician or midwife)

Address \_\_\_\_\_  
 Given name added from \_\_\_\_\_  
 1 supplemental report \_\_\_\_\_  
 Month, day, year.

Registrar. \_\_\_\_\_ Filed 2-15 1924 \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
 Filed 3-6 1924 \_\_\_\_\_ County Registrar. \_\_\_\_\_

575-212-445