

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  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of Hayden, Ariz.  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 167  
County Registrar No. 592  
Local Registrar No. 83

2. Full name of child Gwendolien 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.  6. Legitimate?

5. No. in order of birth 1st 7. Date of birth Nov. 12th 1924  
Month Day Year

8. FATHER Full name <u>Clarena Franklin Peterson</u>		14. MOTHER Full maiden name <u>Camille Civafier</u>	
9. Residence (Usual place of abode) <u>Hayden, Arizona</u> If nonresident, give place of birth _____		15. Residence (Usual place of abode) <u>Hayden, Ariz.</u> If nonresident, give place of birth _____	
10. Color or race <u>White</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Pinal County, Ariz.</u> (State or country)		18. Birthplace (city or place) <u>Los Angeles, Cal.</u> (State or country)	
13. Occupation <u>Millworker (Clarena)</u> Nature of industry _____		19. Occupation <u>Housewife</u> Nature of industry _____	

20. Number of children of this mother (a) Born alive and now living 3  
(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 7 (Born alive ~~unborn~~) at 6 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 evidence of life after birth.

Signature P. M. Butler, M.D.  
Address Wendelman, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Filed Nov 20 1924 W. J. Dack Local Registrar.  
Filed 12-7 1924 A. G. Fry County Registrar.

775-1114-331