

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 128
 Registered No. 182

PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____

City Globe No. Gila County 400 Ward _____
(If birth occurred in a hospital or institution, give its name instead of street and number)

Full name of child Mary Jane Peters
If child is not yet named, make supplemental report, as directed.

Sex of Child F. To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____ 6. Legitimate? Yes
 7. Date of birth Oct. 10. 1929
 Month Day Year

FATHER
 Full name A. J. Peters
 Residence (Usual place of abode) Globe
 If non-resident, give place and state.

MOTHER
 Full maiden name Christine Wohlbenky
 15 Residence (Usual place of abode) Globe
 If non-resident, give place and state.

3. Color or race W.
 11. Age at last birthday 33 (Years)

16 Color or race W.
 17. Age at last birthday 31 (Years)

2. Birthplace (city or place) Mass.
 (State or country)

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

3. Occupation Express man.
 Nature of industry

19. Occupation Housewife.
 Nature of industry

0. Number of children of this mother 4
 Taken as of time of birth of child herein certified and including this child.
 (a) Born alive and now living 4
 (b) Born alive but now dead _____
 (c) Stillborn _____
 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 at 3 P. 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 R. A. Kennedy
 (Physician or midwife).

Given name added from supplemental report _____
 Month, day, year _____
 Address _____
 Filed Nov 9 1929 G. E. Wightman
 Registrar Registrar

472-1010-367