

RETURN requests made for each, with the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134^a

District of _____

Town of Miami

County Registrar No. 174

or

City of _____

No. 41 Warrior Canon St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Tom Greco } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Jan 4 1927
Month day year

3. FATHER
Full name Ciro Greco

14. MOTHER
Full maiden name Atilana Hernandez

9. Residence (Usual place of abode) Claypool
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Caucas 11. Age at last birthday 24 (Years)

16. Color or race Spanisk 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Sandolo Italy
(State or country)

18. Birthplace (city or place) Victoria Texas
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation Housewife
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 5
(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 alive at 4 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 evidences of life after birth.
Signature Cyril M. Brown M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from _____
supplemental report _____ Filed May 11, 1927 Local Registrar.

Month, day, year.

Registrar.

Filed _____ 19 _____

County Registrar.

376-104-189