

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 141

Registered No. 36

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. Prival St. St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alice Giacoletti { 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 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth Feb. 13, 1927 Month Feb Day 13 Year 1927

8. FATHER Full name Dominic Giacoletti

14. MOTHER Full maiden name Maria Giacoletti

9. Residence (Usual place of abode) Globe, Arizona If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona If non-resident, give place and state.

10. Color or race Italian 11. Age at last birthday 39 (Years)

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

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

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

13. Occupation Nature of industry miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother nine (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living seven (b) Born alive but now dead two (c) Stillborn none 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 6 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 T. C. Harper (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 2-28, 27 A. H. Horst Registrar

179-213-479

SEPARATE RETURNS must be made for each, and the number of each in order of birth stated.