

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

State File No. 162  
 Registered No. 54

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Globe or Village \_\_\_\_\_  
 City Globe No. Gila County Hosp. St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angilo Dimario Jr  
{ 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 3-20-27  
 Month Day Year

8. FATHER Full name <u>Angilo Dimario Jr</u> 9. Residence (Usual place of abode) <u>Globe, Ariz.</u> If non-resident, give place and state.		14. MOTHER Full maiden name <u>Euricke Ha Dimario</u> 15. Residence (Usual place of abode) <u>Globe, Ariz.</u> If non-resident, give place and state.	
10. Color or race <u>Italian</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>Italian</u>	17. Age at last birthday <u>40</u> (Years)
12. Birthplace (city or place) <u>Italy</u> (State or country)		18. Birthplace (city or place) <u>Italy</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother <u>9</u> (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 2:20 p.m. on the date above stated  
(Born alive or stillborn.)

Signature [Signature]  
\* 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.  
 Address Globe, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed 3-31-27 1927 Registrar A. J. Horst

WRITE PLAINLY WITH UNFADING INK. IS A PEN-MAN'S RETURN must be made for each, and the number of children more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children order of birth stated.

146-320-516