

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

State File No. 249  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

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

2. Full name of child Giulio Fatagoni  
(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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Apr. 28, 1930  
Month Day Year

**8. FATHER**  
 Full name Gaetano Fatagoni  
 9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Ariz.  
 10. Color or race White  
 11. Age at last birthday 41 (Years)  
 12. Birthplace (city or place) Italy  
(State or country)  
 13. Occupation Laborer  
 Nature of industry \_\_\_\_\_

**14. MOTHER**  
 Full maiden name Amelia Reyna  
 15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Ariz.  
 16. Color or race White  
 17. Age at last birthday 24 (Years)  
 18. Birthplace (city or place) Weaver  
(State or country) Ariz.  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 2  
 (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 alive at 11:30 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 [Signature]  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Box 636 Globe, Ariz.  
769-428-191 Month, day, year \_\_\_\_\_  
 Registrar [Signature]  
 Filed 5/12 1930 Registrar [Signature]

order of