

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

State File No. 209
 Registered No. 123

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 Josephine Christina Lucile Valerio { 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. _____ 5. No. in order of birth _____ 6. Legitimate? Yes 7. Date of birth June 26, 1930
 Month Day Year

8. FATHER
 Full name Dominic Nicholas Valerio
 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 28 (Years)
 12. Birthplace (city or place) Italy
 (State or country)
 13. Occupation Shoe maker
 Nature of industry

14. MOTHER
 Full maiden name Victoria Savandovskii
 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 25 (Years)
 18. Birthplace (city or place) Munasha
 (State or country) Wice
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 3
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (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 4:10 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 C. W. Adams

 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____
 Address Box 636 Globe, Ariz.
 Filed 7/9 1930 G. E. Wightman, Jr.
 Registrar

156-626-539

BE CAREFUL TO FILL IN EACH OF THESE SPACES, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.