WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 93

Registered No. 224

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe No. Gila County Hospital Ward

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

2. Full name of child Peter William Coppa { 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 Dec 11 1931 (Month Day Year)

8. FATHER

Full name Pedro Paulo Coppa

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

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

12. Birthplace (city or place) Los Bulayes, (State or country) Argentina, South America

13. Occupation Nature of industry Farmer

14. MOTHER

Full maiden name Irene Simpson

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

16. Color or race White | 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Denver, Colorado (State or country)

19. Occupation Nature of industry Housewife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 (Born alive or stillborn.) at 6 45 a.m. on the date above stated.

* 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. Gunter (Physician or ~~Midwife~~)

Address Globe

Given name added from a supplemental report Month, day, year

731-1211-925 Registrar

Filed 1/5 1932 L. E. Wightman Mr. Registrar