

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

State File No. 124A
Registered No. 42

PLACE OF BIRTH

Globe State Arizona
or Township or Village

No. None 7000 Addition Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
name of child Frankie Rolland Dalmondine (If child is not yet named, make supplemental report, as directed)

of Child To be answered ONLY 4. Twin, triplet or other..... 5. No., in order of birth 1 6. Legitimate? Yes 7. Date of birth Feb. 23 1932
In event of plural births. Month Day Year

FATHER
name Frank Dalmondine
Residence (Usual place of abode) Globe
If non-resident, give place and state.
Color or race White
11. Age at last birthday 41 (Years)
Birthplace (city or place) Michigan
(State or country)
Occupation Brakeman
Nature of Industry

MOTHER
14. Full maiden name Olga Delasanic
15. Residence (Usual place of abode) Globe
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 36 (Years)
18. Birthplace (city or place) Italy
(State or country)
19. Occupation Housework
Nature of Industry

Number of children of this mother 6 (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0
21. Were precautions taken against ophthalmitis neonatorum? Yes
When as of time of birth of child herein (ified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was alive at 8 m. on the date above stated.
(Born alive or stillborn.)

Signature J. D. Kennedy
(Physician or Midwife)

Address Globe, Arizona
Filed 1575-1932 L. E. Wightman
Registrar

Registrar
45-223-641

MARGIN RESERVED FOR BINDING
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.