

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 29

Registered No. 363

1. PLACE OF BIRTH

County Cochise State Arizona
 District or Township _____ or Village Gleason
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Virginia Troglia

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. X 5. No. in order of birth 1 6. Legitimate? yes 7. Date of birth 12-10-32
 Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Martin Troglia</u>		Full maiden name <u>Rafaela Manriquez</u>	
9. Residence (Usual place of abode) <u>Gleason Ariz</u>		15. Residence (Usual place of abode) <u>Gleason Arizona</u>	
If non-resident, give place and state.		If non-resident, give place and state.	

10. Color or race <u>Italian</u>	11. Age at last birthday <u>4 1/2</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>23</u> (Years)
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12. Birthplace (city or place) <u>Italy</u> (State or country)	18. Birthplace (city or state) <u>Frontenas Sonora Mexico</u> (State or country)
13. Occupation <u>miner</u> Nature of industry <u>metal mines</u>	19. Occupation <u>Housewife</u> 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 1
 (c) Stillborn 1

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 born alive at 7:10 p.m. on the date above stated.
(Born alive or stillborn)

Signature L. A. Lane Physician
Tombstone Arizona
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
 Month day year 531-1210-949 Filed Jan. 6, 1933 R. B. Blum Registrar.
 Registrar.