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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 127a

Registered No. 5-2

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe No. 494 Euclid St. Ward

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

2. Full name of child William Donald Toli — 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 May 11 1933 (Month Day Year)

8. FATHER

Full name William Donald Toli

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

10. Color or race White 11. Age at last birthday 18 (Years)

12. Birthplace (city or place) (State or country) Arizona

13. Occupation Nature of industry Laborer

14. MOTHER

Full maiden name Rena Caceletto

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

16. Color or race White 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) (State or country) Arizona

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 1 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 R. D. Kennedy (Physician or Midwife)

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

Address Globe Ariz.

Filed 8/5 1933 L. E. Wightman Mrs. Registrar

Registrar

639-511-536