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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 80

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 Frank James Depaoli (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 Sept 18 1933 (Month Day Year)

8. FATHER

Full name Frank James Depaoli

9. Residence (Usual place of abode)

If non-resident, give place and state. Miami

10. Color or race White | 11. Age at last birthday 35 (Years)

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

13. Occupation Garage + Service Station Owner

Nature of industry

14. MOTHER

Full maiden name Mary Vuletich Depaoli

15. Residence (Usual place of abode)

If non-resident, give place and state. Miami

16. Color or race White | 17. Age at last birthday 20 (Years)

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

19. Occupation Housewife

Nature of industry

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 10 p.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, M D (Physician or Midwife)

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

Address _____

Registrar _____

Filed NOV 10 1933 Anson B. Engel Registrar

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