# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

Co. Register No. 23

Local Registrar's No.

**PLACE OF BIRTH**

County of Gila

District of Globe

Town of

or

City of Globe

(No. St; Ward)

FULL NAME OF CHILD Alice Rostagno

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| Female | Other | | 1 | yes | Febr. 19, 1907 |

**FATHER**

Full Name: Dominico Rostagno

Residence: Globe, Ariz.

Color or Race: Italian

Age at last Birthday: 27 (Years)

Birthplace: Forno Rivara, Italy

Occupation: Miner

**MOTHER**

Full Maiden Name: Jennie Giacoletto

Residence: Globe, Ariz.

Color or Race: Italian

Age at last Birthday: 24 (Years)

Birthplace: Forno Rivara, Italy

Occupation: Housewife

Number of child of this mother: 2

Number of children, of this mother, now living: 2

Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of above child; and that it occurred on Febr. 19, 1907, at 3 A. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) [illegible]

(Attending physician. ~~midwife, householder.~~*)

Given or christian name added from a supplemental report ..... 191....

Address

Filed Feb 24 1915 — By [illegible]

LOCAL REGISTRAR.

COUNTY REGISTRAR.

Filed Mar 5 1915 — A True Copy — By [illegible]

COUNTY REGISTRAR.

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. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

Write legibly with indelible ink. This is a permanent record.