

2624

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.

PLACE OF BIRTH

1. County of Yuma  
District of Globe  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH,

State Index No. \_\_\_\_\_  
County Registrar No. 289  
Local Registrar No. \_\_\_\_\_

2. Full name of child Andrew J. Rogalle (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.  
3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? y  
5. No., in order of birth. \_\_\_\_\_ 7. Date of birth Nov 30 1907  
Month Day Year

8. FATHER  
Full name Peter Rogalle  
9. Residence (Usual place of abode) N. Globe  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race W 11. Age at last birthday \_\_\_\_\_ (Years)  
12. Birthplace (city or place) Italy  
(State or country) \_\_\_\_\_  
13. Occupation miner  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Anna Rogalle  
15. Residence (Usual place of abode) N. Globe  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race W 17. Age at last birthday \_\_\_\_\_ (Years)  
18. Birthplace (city or place) Italy  
(State or country) \_\_\_\_\_  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
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 at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn.)

\*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 A. S. Kennedy (Physician or midwife)  
Address Globe

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed June 7, 1928 B. G. Jay Local Registrar.  
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