

2635

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
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or
City of Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. _____
County Registrar No. _____
Local Registrar No. 232

2. Full name of child Joseph Riva
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth 4-26-1908
Month day year

FATHER		MOTHER	
8. Full name	<u>Alexander Riva</u>	14. Full maiden name	<u>Agnes Marie Bianco</u>
9. Residence (Usual place of abode)	<u>Globe, Arizona</u>	15. Residence (Usual place of abode)	<u>Globe, Arizona</u>
10. Color or race	<u>White</u>	16. Color or race	<u>White</u>
11. Age at last birthday	<u>32</u> (Years)	17. Age at last birthday	<u>30</u> (Years)
12. Birthplace (city or place)	<u>Italy</u>	18. Birthplace (city or place)	<u>Italy</u>
13. Occupation	<u>Miner</u>	19. Occupation	<u>Wife + Mother.</u>

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 2 (b) Born alive but now dead _____ (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. 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 evidences of life after birth.
Given name added from a supplemental report _____

Signature A. Riva (Physician or midwife)
Address _____
Filed 10-31-26 _____
Month, day, year. Filed _____
Registrar. _____ Local Registrar. _____
County Registrar. _____