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Write only, with Unfading Ink.—This is a Permanent Record.
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 the Local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of _____
Town of _____
or
City of Globe
(No. North Globe St.; _____ Ward)

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.
ORIGINAL CERTIFICATE OF BIRTH. Ser. Index No. 104

FULL NAME OF CHILD Jim Musati
If child is not named, make Supplemental report on blank obtainable from local registrar. Born Alive Yes No

Sex of Child <u>M</u>	Twin, Triplet or other _____	and Number in order of birth <u>2</u>	Legiti mate? <u>yes</u>	Date of Birth <u>3-17</u>	19 <u>10</u>
Full Name <u>John Musati</u>	FATHER		Full Maiden Name <u>Herbina Bertoldi Musati</u>	MOTHER	
Residence <u>N. Globe</u>			Residence <u>North Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>23</u>	(Years)	Color or Race <u>White</u>	Age at last Birthday <u>22</u>	(Years)
Birthplace <u>Italy</u>			Birthplace <u>Italy</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of children of this mother <u>2</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED JUN 18 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 17, 1910, at 9 P.M.
*When there is no attending physician or midwife, then the householder must make this return.
Given or christian name added from a supplemental report _____ 19____
(Signature) R. J. Ferry
(Attending physician, midwife, householder. *)
Filed May 20 1910 Address Globe
B. S. Cox
LOCAL REGISTRAR.
146-517-849
COUNTY REGISTRAR.
Filed June 1 1910 B. S. Cox
COUNTY REGISTRAR.