

1704

Write plainly, 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.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Yuma
District of Globe
Town of Globe
City of _____

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 99
Register No. 153

FULL NAME OF CHILD Peter Bryna (No. Embellid Ave. St.; _____ Ward)

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 _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 22</u> 19 <u>10</u>
Full Name <u>Dominic Bryna</u> FATHER		Full Maiden Name <u>Mary Healy</u> MOTHER		
Residence <u>Globe</u>		Residence <u>Globe</u>		
Color or Race <u>Italian</u>	Age at last Birthday <u>34</u> yrs	Color or Race <u>Italian</u>	Age at last Birthday <u>18</u> yrs	
Birthplace <u>Italy</u>		Birthplace <u>Italy</u>		
Occupation <u>Mechanic</u>		Occupation <u>House Wife</u>		

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 22, 1910, at 6:00 P.M.

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

(Signature) B. G. Goy MW (Attending physician, midwife, householder, *)

Given or christian name added from a supplemental report _____ 19____ Filed July 26 1910 Address Globe

FILED Aug 1 1910 B. G. Goy MW LOCAL REGISTRAR.
COUNTY REGISTRAR. 721-722-478 COUNTY REGISTRAR