

2120

M. GN RESERVED FOR BINDING.  
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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS. *110*  
ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar *157*

PLACE OF BIRTH  
County of *Yuma*  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of *Yuma*

(No. \_\_\_\_\_) St; \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME OF CHILD *Joseph Amerigo Butaglio* Born  YES  
Alive  NO

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

Sex of Child *Male* Twin, Triple, or other  and Number; in order of birth *1* Legitimate?  Date of Birth *Aug 16 1910*  
(Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<i>Joe Butaglio</i>	Full Maiden Name	<i>Janise Bonimpo</i>
Residence	<i>Quelch Ave</i>	Residence	<i>Same</i>
Color or Race	<i>White</i> Age at last Birthday <i>33</i> (Years)	Color or Race	<i>White</i> Age at last Birthday <i>26</i> (Years)
Birthplace	<i>Italy</i>	Birthplace	<i>Italy</i>
Occupation	<i>Miner</i>	Occupation	<i>Housewife</i>

Number of child of this mother *3* Number of children, of this mother, now living *3* Were Precautions taken against Ophthalmia neonatorum?  Yes

RECEIVED AT \_\_\_\_\_ SEP 22 1910

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on *Aug 16 1910*, at *Yuma*

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

(Signature) *C. J. Schinger*  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Address *Yuma*

Filed *Aug 20 1910* *B. G. Siz* LOCAL REGISTRAR  
Filed *Sept 1 1910* *B. G. Siz* COUNTY REGISTRAR

*126-816-326*  
COUNTY REGISTRAR.