125

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 96

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 265

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Alice Rabogliatti { Born / Alive } YES

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

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth
Female				Yes	Oct. (Month) 2 (Day) 1910 (Yr.)

FATHER		MOTHER	
Full Name	Stephen Rabogliatti	Full Maiden Name	Elena Fasana
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	30 (Years)	Age at last Birthday	18 (Years)
Birthplace	Italy	Birthplace	Russia
Occupation	Saloon keeper	Occupation	

Number of child of this mother 1 | Number of children, of this mother, now living 1 | Were Precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Oct 2 1910, at 79 M

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

(Signature) John H Lacy M.D.
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address Miami A.T.

Filed Dec 20 1910 B. G. Fox
LOCAL REGISTRAR.

199-1002-561
COUNTY REGISTRAR.

Filed Jan 3 1911 B. G. Fox M.D.
COUNTY REGISTRAR.

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 5 days after birth.

...ly, with Unfading Ink.—This is a Perm... nt Record.