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THIS IS A PERM IT 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 3 days after birth.

PLACE OF BIRTH Globe ARIZONA TERRITORIAL BOARD OF HEALTH
 County of Globe BUREAU OF VITAL STATISTICS. 103 103
 District of _____ ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 185
 Town of _____ Local Registrar's No. _____
 City of Globe (No. _____ St; _____ Ward)

FULL NAME OF CHILD Dominick Joseph Joco { Born } YES
 { Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Mar 25</u> 19 <u>11</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Antonio Joco</u>	Residence <u>See Home Record</u>		Full Maiden Name <u>Antonia Basso</u>	Residence <u>Same</u>	
Color or Race <u>White</u>	Age at last Birthday <u>37</u> (Years)	Birthplace <u>Italy</u>	Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Birthplace <u>Italy</u>
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>		Were Precautions taken against Ophthalmia neonatorum? <u>Yes</u>		
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of above child; and that it occurred on, Mar 25 1911, at 6 A.M
 { *When there is no attending physician or midwife, then the householder should make this return. } (Signature) Antonia Basso mother
 (Attending physician, midwife, householder. *)
 Given or christian name added from a supplemental report _____ 191____
 Address Globe Ariz
 Filed 9/12 1911 D. S. Jax LOCAL REGISTRAR.
436- _____ Filed Oct 5 1911 B. S. J. at W.O. COUNTY REGISTRAR.