

4397

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.

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

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 76
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 163
Local Registrar's No. _____

NAME OF CHILD Anna Leevi { Born } YES
{ Alive } NO
If not named, make Supplemental Report on blank obtainable from local registrar.

| | | | | | |
|---|------------------------------|---|--|--|--|
| Sex <u>Female</u> | Twin, Triplet or other _____ | and | Number: in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Aug 4</u> 19 <u>11</u> (Month) (Day) (Yr.) |
| FATHER <u>Fortunato Leevi</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday _____ (Years) Birthplace <u>Italy Europe</u> Occupation <u>Taylor</u> | | | MOTHER <u>Anna Nell Anna Leevi</u> Residence <u>Same</u> Color or Race <u>White</u> Age at last Birthday _____ (Years) Birthplace <u>Europe</u> Occupation <u>Housewife</u> | | |
| Number of child of this mother... | | Number of children, of this mother, now living. | | 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, Aug 4 1911, at 2 M
(Signature) Fortunato Leevi
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____
Address Box 982
B.G. of Globe - Ariz
LOCAL REGISTRAR.
B.G. Fox
COUNTY REGISTRAR.

Filed Aug 8 1911
Filed Sept 5 1911

139-9011-139
COUNTY REGISTRAR