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... one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, 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

Town of Globe

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 92 Ter. Index No.

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 114

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Delphine I. L. Scanavino. {Born / Alive} YES

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

Sex of Child	Twin, Triplet or other plural	and Number; in order of birth	Legitimate?	Date of Birth
Female	1		yes	June 21th 1912 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Philip Scanavino.	Full Maiden Name	Mary Bellrametti.
Residence	Globe.	Residence	Globe.
Color or Race	White.	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	22 (Years)
Birthplace	Italy.	Birthplace	Italy.
Occupation	Bar Tender.	Occupation	Dress Maker.

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, June 21th 1912, *at* 9:00 a. M

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

(Signature) A. R. Shaw,
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ..... 191.....

Address Globe

Filed June 25 1912 B. G. Fox
LOCAL REGISTRAR.

426-621-429
COUNTY REGISTRAR.

Filed 6/26 1912 B. G. Fox Mgr
COUNTY REGISTRAR.