

7468

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County of Gila **CERTIFICATE AMENDED** State Index No. 82
 District of Globe **SEE NOTATION** ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 63
 Town of _____ Reg. name cov. by aff. of reg., bapt. Local Registrar's No. _____
 or _____ record and SS Appl. for No. (3-7-69 lmt)
 City of Globe (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD DORA LENORE GIACOMA } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate <u>yes</u>	Date of Birth <u>April 6</u> 191 <u>3</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Constantino Giacomina</u>			Full Maiden Name <u>Mabel Foglia</u>		
Residence <u>Globe Ariz</u>			Residence <u>Same</u>		
Color or Race <u>White</u>	Age at last Birthday <u>40</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>30</u> (Years)	
Birthplace <u>Italy</u>			Birthplace <u>Italy</u>		
Occupation <u>miner</u>			Occupation <u>housewife</u>		

Number of child of this mother... 7 | Number of children, of this mother, now living... 5 | Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* April 6 1913

I hereby certify that I attended the birth of above child; and that it occurred on April 6 1913, at 7:15 A.M.
 When there is no attending physician or midwife, then the householder should make this return.

(Signature) Constantino Giacomina
 (Attending physician, midwife, householder.)*

Can or christian name added from a _____
 Supplemental report _____ 191_____

Address Globe Arizona

Filed Mar 10 1914

B. G. J.
 LOCAL

471-406-435
 COUNTY REGISTRAR.

Filed Apr 4 1914

A True Copy B. G. J.