

4177

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

**PLACE OF BIRTH**

County of Gila  
 District of Globe  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 1274  
 Co. Register No. 79  
 Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

Sex of Child	Male	Twin, Triplet or other	-	and	Number in order of birth	-	Legitimate	Yes	Date of Birth	March 18 1914
									(Month)	(Day)
										(Yr.)

FATHER		MOTHER	
Full Name	Alexander Mancico	Full Maiden Name	Victoria Juena
Residence	Globe - Ariz.	Residence	Globe - Ariz.
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	30 (Years)	Age at last Birthday	27 (Years)
Birthplace	Arizona	Birthplace	New Mexico
Occupation	Butcher	Occupation	Housewife

Number of child of this mother. 8..... Number of children, of this mother, now living... 2..... Were precautions taken against Ophthalmia neonatorum? Yes.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on March 18, 1914 at 2 P.M.

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

(Signature) B. C. Schnell  
 (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Globe - Ariz.  
B. C. Schnell  
 LOCAL REGISTRAR.

Filed 3/20 1914

Filed 4/8 1914 A True Copy B. G. J. W. W.  
 COUNTY REGISTRAR.

046-318-571  
 COUNTY REGISTRAR.