

4712

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 6 days after birth.

**PLACE OF BIRTH**  
 County of Yuma  
 District of Globe  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH  
 State Index No. 88  
 Co. Register No. 104  
 Local Registrar's No. \_\_\_\_\_

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 <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 2</u> 191 <u>4</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>George S. Deandro</u>			Full Maiden Name <u>Emma Radovich</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>17</u> (Years)	
Birthplace <u>Austria</u>			Birthplace <u>Austria</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		

Number of child of this mother... 1 Number of children, of this mother, now living... 1 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 April 2 1914, at 9:20 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. \*)  
 Address Globe, Ariz.  
 Given or christian name added from a supplemental report ..... 191.....  
026-402-598  
 COUNTY REGISTRAR.

Filed April 5 1914  
 Filed May 5 1914  
 A True Copy B. G. Jay  
 LOCAL REGISTRAR.  
 COUNTY REGISTRAR.