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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. [illegible]

Co. Register No. 110

Local Registrar's No.

(No. ..... St; ..... Ward)

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

FULL NAME OF CHILD ..... Born / Alive — YES / ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	April 6 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Antonio Tucco	Full Maiden Name	Antonietta Bruno.
Residence	North Globe	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	41 (Years)	Age at last Birthday	30 (Years)
Birthplace	Italy	Birthplace	Same
Occupation	Miner	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 3 | 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 6 1914, at 29 M.

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

(Signature) C. J. Sturgeon
(Attending physician, ~~midwife, householder.~~*)

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

Address .....

Filed Apr 11 1914 — B. G. Tar — LOCAL REGISTRAR.

636-406-126 — COUNTY REGISTRAR.

Filed May 5 1914 — A True Copy — B. G. Tar M.D. — COUNTY REGISTRAR.

The number of each [illegible] stated. This [illegible] by the attending Physician or Midwife with each local Registrar within 5 days after birth.