

4297

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 Globe
District of Globe
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 143155

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 259

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 }

Sex of Child Male Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? Yes Date of Birth Aug 25 1914
(Month) (Day) (Yr.)

FATHER
Full Name Peter Reuncant
Residence Globe
Color or Race White Age at last Birthday 30 (Years)
Birthplace Italy
Occupation Miner

MOTHER
Full Maiden Name Mary Manella
Residence Globe
Color or Race White Age at last Birthday 23 (Years)
Birthplace Italy
Occupation Housewife

Number of child of this mother... 4... Number of children, of this mother, now living... 4... 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 Aug 25 1914, at 7:35 P. M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Ben C. Schnell
(Attending physician, midwife, householder*)

Given or christian name added from a supplemental report _____ 191_____ Address Globe

Filed Aug 25 1914 B. E. Jay LOCAL REGISTRAR
A True Copy Filed Sept 5 1914 B. E. Jay COUNTY REGISTRAR

093-425-441
COUNTY REGISTRAR.