

111

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 104

District of Globe

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 392

Town of _____

Local Registrar's No. _____

or _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Rina Caccetto

Born YES
Alive NO

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

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth 1 Legitimate? yes Date of Birth Dec 24 1914
(Month) (Day) (Yr.)

FATHER
Full Name John Caccetto
Residence Globe, Ariz
Color or Race White Age at last Birthday 34 (Years)
Birthplace Late Costamora, Italy
Occupation Shoemaker

MOTHER
Full Maiden Name Margaret Giacometto
Residence Globe, Ariz
Color or Race White Age at last Birthday 32 (Years)
Birthplace Late Costamora, Italy
Occupation Housewife

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 Dec 24 1914, at 6:40 P.M.

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

(Signature) A. Kurnse
(Attending physician, midwife, householder.*)

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

Address Globe, Ariz

Filed Dec 29 1914

B.G. Fox
LOCAL REGISTRAR.

936-1224-476
COUNTY REGISTRAR.

Filed Jan 5 1915

A True Copy B.G. Fox
COUNTY REGISTRAR.