

1843

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **130** State Index No. **499**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **40**

PLACE OF BIRTH
County of Coila
District of _____
Town of _____
or City of Miami (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Myra Pozza } 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 <u>One</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 19 1915</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Antonino Pozzo</u>			Full Maiden Name <u>Della Rogge</u>		
Residence <u>Miami - Ariz.</u>			Residence <u>Miami Ariz.</u>		
Color or Race <u>Italian</u>	Age at last Birthday <u>28</u> (Years)		Color or Race <u>Italian</u>	Age at last Birthday <u>26</u> (Years)	
Birthplace <u>Italy</u>			Birthplace <u>Italy</u>		
Occupation <u>Miner</u>			Occupation <u>House wife</u>		
Number of child of this mother... <u>2</u>	Number of children, of this mother, now living... <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb. 19 1915, at 11 P. M.

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

(Signature) B. W. Hardy M. O.
(Attending physician, midwife, householder. *)

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

Address _____

Filed Feb 20 1915 John H. Looney LOCAL REGISTRAR.
Filed Mar 5 1915 B. E. J. J. COUNTY REGISTRAR.

COUNTY REGISTRAR.