

1304

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. **848**

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 150

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 } -NO-

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth 6/19/1915
(Month) (Day) (Yr.)

FATHER
Full Name Alex Manico
Residence Globe
Color or Race White Age at last Birthday 30 (Years)
Birthplace Arizona
Occupation Butcher

MOTHER
Full Maiden Name Victoria Guereña
Residence Globe
Color or Race White Age at last Birthday 28 (Years)
Birthplace New Mexico
Occupation H.W.

Number of child of this mother 9 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 6/19 1915, at 5 AM.

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

(Signature) G. E. Wightman
(Attending physician, midwife, householder. *)

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

Address Globe Ariz.

Filed June 24 1915

R. G. Fox
LOCAL REGISTRAR.

Filed July 5 1915

A True Copy R. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.