

1824

In case of multiple births, 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of Globe
Town of Globe
or
City of Globe (No. _____ St; _____ Ward)

BUREAU OF VITAL STATISTICS

State Index No. 123

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 184

Local Registrar's No. _____

FULL NAME OF CHILD Steve Raboglatti } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } -Active } ~~NO~~

Sex of Child M } and } Number in order of birth 3 } Legitimate? yes } Date of Birth July 25 1915
Town, Trip, or other } (Month) (Day) (Yr.)

FATHER
Full Name Dom. Raboglatti
Residence Bone St
Color or Race N Age at last Birthday 32 (Years)
Birthplace Italy
Occupation Merchant

MOTHER
Full Maiden Name Isabel Perino
Residence Bone St
Color or Race N Age at last Birthday 26 (Years)
Birthplace Italy
Occupation Housewife

Number of child of this mother 3 Number of children, of this mother, now living 2 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 July 28 1915, at 1 P. M.,
{ *When there is no attending physician or midwife, then the householder }
{ should make this return. } (Signature) R. Kennedy
(Attending physician, midwife, householder*)

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

Filed Aug 2 1915 B. S. Dial
LOCAL REGISTRAR.

Filed Aug 5 1916 B. S. Dial
COUNTY REGISTRAR.

COUNTY REGISTRAR.