

2360

the number of each, in order of birth, stated. This certificate must be filed by the attending P., Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Yuma
District of Globe
Town of Globe
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **125** State Index No. **495**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **234**

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD August Oriso } Born } YES
If child is not named, make Supplemental report on blank obtainable from local registrar. } Alive } NO

Sex of Child M Twin, Triplet or other } and } Number in order of birth } Legitimate? yes Date of Birth Aug 11 1915
(Month) (Day) (Yr.)

FATHER
Full Name Scata Oriso
Residence Globe
Color or Race White Age at last Birthday 38 (Years)
Birthplace Italy
Occupation miner

MOTHER
Full Maiden Name Mary Anna
Residence Same
Color or Race White Age at last Birthday 32 (Years)
Birthplace Italy
Occupation Housewife

Number of child of this mother... 5 Number of children, of this mother, now living... 5 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 11 1915, at 11 A M.
{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) R. J. Fox
(Attending physician, midwife, householder. *)
Address Globe

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

166-811-411
COUNTY REGISTRAR.

Filed Sept 20 1915 R. J. Fox
LOCAL REGISTRAR.
A True Copy
Filed Oct 5 1915 R. J. Fox
COUNTY REGISTRAR.