187

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 134 State Index No. 906

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 267

Local Registrar's No. .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD John Trione

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

Born Alive: YES — NO

Sex of Child: M | Twin, Triplet or other: — | and | Number in order of birth: 2 | Legitimate? yes | Date of Birth: Sept 22 (Month) (Day) 1915 (Yr.)

FATHER

Full Name: John Baptiste Trione

Residence: Euclid Ave

Color or Race: W | Age at last Birthday: 31 (Years)

Birthplace: Italy

Occupation: Miner

MOTHER

Full Maiden Name: Katherine Burns

Residence: Euclid Ave

Color or Race: W | Age at last Birthday: 29 (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 Sept 23 1915, at 11 P. M.

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

(Signature) R D Kennedy

(Attending physician, ~~midwife, householder.*~~)

Address Globe

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

Filed Sep 27 1915 — B G Fox

LOCAL REGISTRAR.

135-922-226

COUNTY REGISTRAR.

Filed Oct 5 1915 — A True Copy B G Fox

COUNTY REGISTRAR.