4925

**PLACE OF BIRTH**

County of Gila

District of Globe

Town of ..... or City of Globe

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH** 138

State Index No. 916

Co. Register No. 345

Local Registrar's No. .....

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

FULL NAME OF CHILD ~~Nicholas~~ Sam Arnault

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

Born / Alive: YES / ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Male | ✓ | | ✓ | Yes | Dec 8 1915 (Month) (Day) (Yr.) |

**FATHER**

Full Name: Nicholas Arnault

Residence: 140 Lane St

Color or Race: White

Age at last Birthday: 35 (Years)

Birthplace: Austria

Occupation: Miner

**MOTHER**

Full Maiden Name: Sophia Subara

Residence: Same

Color or Race: White

Age at last Birthday: 28 (Years)

Birthplace: Austria

Occupation: Housewife

Number of child of this mother: 2

Number of children, of this mother, now living: 1

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 Dec 8 1915, at 4 P.M.

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

(Signature) C. J. Sturgeon

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

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

Address .....

Filed Dec 15 1915 B. G. Fox LOCAL REGISTRAR.

213-1208-221 COUNTY REGISTRAR.

Filed Jan 5 1915 ~~A~~ True Copy B. G. Fox COUNTY REGISTRAR.