933

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

146

State Index No. 644

## ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 170

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Beatrice Carloine Miraldi.

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

Born YES
Alive NO

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| female | | | | yes | April 18 1917. |

| FATHER | MOTHER |
|---|---|
| Full Name: James Miraldi | Full Maiden Name: Caroline Hawkins. |
| Residence: Ohio | Residence: Miami Ariz. |
| Color or Race: Italian | Color or Race: American Indian. |
| Age at last Birthday: 31 (Years) | Age at last Birthday: 39 (Years) |
| Birthplace: | Birthplace: |
| Occupation: Saloonkeeper | Occupation: |

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 the above child; and that it occurred on 4-18 1917, at 8 P.M.

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

(Signature) B. W. Hardy M.D.
(Attending physician, ~~midwife, householder.*~~)

Address Miami Ariz.

Given or Christian name added from a supplemental report 191

Filed April 25 1917.

John H. Hardy
LOCAL REGISTRAR.

249-418-382
COUNTY REGISTRAR.

Filed May 5 1917.

A True Copy
B. G. Jay
COUNTY REGISTRAR.