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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121

Co. Registrar's No. 400

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of ____

Town of / or City of Globe (No. ____ St; ____ Ward)

FULL NAME OF CHILD Carmen Carrizossa — Born Alive: YES ~~NO~~

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

Sex of Child Female — Twin, Triplet or other ____ and Number in order of birth ____ — Legitimate? Yes — Date of Birth: Month July, Day 16, 191 9 Yr.

FATHER	MOTHER
Full Name: Carlos Carrizossa	Full Maiden Name: Margarett Guseman
Residence: Globe, Arizona	Residence: Globe Arizona
Color or Race: Mexican — Age at last Birthday: 56 Years	Color or Race: Mexican — Age at last Birthday: 30 Years.
Birthplace: Mexico	Birthplace: St Florence, Arizona
Occupation: Miner	Occupation: Housewife

Number of child of this Mother: 10 — Number of Children, of this mother, now living: 9 — 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 July 16 1919, at 9:30 A.M.

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

Signature Alvin Hermse M.D.
Attending physician, midwife, householder.*

Address ____

Given or Christian name added from a supplemental report ____ 191__

Filed July 21 1919 — B. G. Fox, LOCAL REGISTRAR.

A True Copy

Filed AUG 5 1919 — B. G. Fox, COUNTY REGISTRAR.

331-716-475
COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be mailed or midwife with each local Registrar within 5 days after birth.