

4572

N. B. - In case of more than one child at birth, a separate certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth. This certificate must be filed in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Globe
District of _____
Town of _____
or
City of Globe (No. _____ St. _____ Ward _____)

State Index No. 157
Co. Registrar's No. 404
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Mary Troglia Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Sept 20 1919
Month Day Yr.

FATHER
Full Name Henry Troglia
Residence Globe Arizona
Color or Race White Age at last Birthday 45 Years
Birthplace Italy
Occupation Miner

MOTHER
Full Maiden Name Romosa Guseman
Residence Globe Arizona
Color or Race Mexican Age at last Birthday 35 Years
Birthplace Clorence Arizona
Occupation Housewife

Number of child of this Mother 12 Number of Children, of this mother, now living 6 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 Sept 20 1919, at 11:30 A.M.

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

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

Given or Christian name added from a supplemental report _____ 1919

Address Globe, Arizona

436-900-785
COUNTY REGISTRAR.

Filed SEP 25 1919

Filed Oct 6 1919 A True Copy

V.B. Jay
LOCAL REGISTRAR.
COUNTY REGISTRAR.