ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 103

Co. Registrar's No. 676

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of Winkelman

Town of Winkelman

or

City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD Dominica Giorsetti — Born Alive: YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Dec 8 1919 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Michael Giorsetti	Full Maiden Name	Bobanda Catering
Residence	Winkelman - Ariz	Residence	Winkelman - Ariz
Color or Race	Italian	Color or Race	Italian
Age at last Birthday	32 Years	Age at last Birthday	26 Years
Birthplace	Pont Conavese, Italy	Birthplace	Italy
Occupation	Merchant	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 5 | 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 Dec 8 1919, at 4 P.M. 45

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

Signature Leonard S. Wood M.D.
Attending physician, midwife, householder.*

Address Winkelman - Ariz

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

Filed Dec 31 1919

W. Roberts
LOCAL REGISTRAR.

479-1204-231
COUNTY REGISTRAR.

Filed Jan 7 1920

A True Copy

B. G. [illegible]
COUNTY REGISTRAR.

a SEPARATE RETURN must be made for each, and This certificate must be filed by the attending Physician 5 days after birth.