

2111

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Yuma District of Keope Town of Keope
or City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 196
County Registrar No. _____
Local Registrar No. 108

2. Full name of child Roberto Fred Tocco } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Jan 26 1926
Months day year

8. FATHER		14. MOTHER	
Full name <u>Antonio Tocco</u>		Full maiden name <u>Antonia Bruno</u>	
9. Residence (Usual place of abode) <u>Keope Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Keope, Ariz</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>47</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>36</u> (Years)
12. Birthplace (city or place) (State or country) <u>Italy</u>		18. Birthplace (city or place) (State or country) <u>Italy</u>	
13. Occupation Nature of industry <u>Ranch Owner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born alive or stillborn.)

Signature Antonia Bruno Tocco (Physician or midwife) moda
Address Keope, Ariz
Given name added from supplemental report 936/26-126 Month, day, year. Filed 574 1926 Jan 26 1926 E. W. Wylhain Local Registrar.

District _____ Filed _____