

The number of each, 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 State Index No. 146
 District of Mocho ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 220
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St. _____ Ward)

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

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Date of Birth April 14 1920
 Month Day Yr.

FATHER

Full Name Charles Thomas
 Residence Globe Arizona
 Color or Race White Age at last Birthday 25 Years
 Birthplace Florence Arizona
 Occupation Miner

MOTHER

Full Maiden Name Constance Bosio
 Residence Globe Arizona
 Color or Race White Age at last Birthday 23 Years
 Birthplace Turin, Italy
 Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 14 1920, at 9:15 M.

{ *When there is no attending physician or midwife, then the householder should make this return. } Signature Alvin Pirnase
 Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 191____ Address Globe, Ariz.

Filed Apr 15 1920 LOCAL REGISTRAR.
532-414-326 COUNTY REGISTRAR. Filed May 5 1920 ^ A True Copy R. G. Jones COUNTY REGISTRAR.