

2174

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

County of Gila State Index No. 239
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 601
 Town of _____ Local Registrar's No. _____
 or _____
 City of Miami (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Rena Antonia Scima 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 Date of Birth Oct-9- 1920
 Month Day Yr.

FATHER			MOTHER		
Full Name	<u>Barney Scima</u>		Full Maiden Name	<u>Irena Piccolotto</u>	
Residence	<u>Miami</u>		Residence	<u>Miami</u>	
Color or Race	<u>White</u>	Age at last Birthday <u>36</u> Years	Color or Race	<u>White</u>	Age at last Birthday <u>30</u> Years
Birthplace	<u>Italy</u>		Birthplace	<u>Italy</u>	
Occupation	<u>Miner</u>		Occupation	<u>Housewife</u>	
Number of child of this Mother	<u>5</u>	Number of Children, of this mother, now living	<u>3</u>	Were precautions taken against Ophthalmia neonatorum	<u>Yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct-9- 1920 at 10 P.M.

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

Signature C. J. Dotel
 Attending physician, midwife, householder

Given or Christian name added from a supplemental report _____ 191____
 Address Miami Fla

921-1009-970 COUNTY REGISTRAR. Filed 10/27/20 1920
 A True Copy Filed 11-5- 1920
T. H. Slaughter LOCAL REGISTRAR.
R. E. Fox COUNTY REGISTRAR.