

2233

PLACE OF BIRTH

County of Gila  
District of Miami  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH  
State Index No. 183  
Co. Register No. 654  
Local Registrar's No. \_\_\_\_\_  
(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Ernest Gneck. { Born } Yes  
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } **XX**

Sex of Child	<u>Male</u>	Twin, Triplet or other		and	Number in order of birth	<u>2</u>	Legitimate?	<u>Yes</u>	Date of Birth	<u>Oct 26</u>	19 <u>20</u>
									(Month)	(Day)	(Yr.)
Full Name	FATHER				Full Maiden Name	MOTHER					
	<u>Antonio Gneck.</u>					<u>Margaret Costa.</u>					
Residence	<u>Miami, Arizona.</u>				Residence	<u>Miami, Arizona.</u>					
Color or Race	<u>Italian.</u>	Age at last Birthday	<u>28</u>	(Years)	Color or Race	<u>Italian.</u>	Age at last Birthday	<u>22</u>	(Years)		
Birthplace	<u>Italy</u>				Birthplace	<u>Germany</u>					
Occupation	<u>Miner.</u>				Occupation	<u>Housewife.</u>					

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 Oct 26 1920 at 5.30 <sup>PM</sup> M.

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

(Signature) [Signature]  
(Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report.....192.....

Address Miami  
[Signature]  
LOCAL REGISTRAR.

972-1020-431  
COUNTY REGISTRAR.

Filed 11/27 1920  
A True Copy  
Filed 11/27 1920

[Signature]  
COUNTY REGISTRAR.