4145

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130

Co. Registrar's No. 720

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Josephine Evelyn Jacobelly

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate yes | Date of Birth Dec. 1 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Joe Jacobelly	Full Maiden Name	Paz Lopez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	24 Years	Age at last Birthday	20 Years
Birthplace	Canato, Italy	Birthplace	Nogales, Arizona
Occupation	Motorman	Occupation	Housewife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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. 1 1920 at 1A. M.

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

Signature Cyril M. Crow M.D.

Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

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

Filed 12/24/1920

T H Slaughter

LOCAL REGISTRAR.

118-1201-739

COUNTY REGISTRAR.

Filed 12-27 1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.

... must be made for each ... or midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician