1149

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200

Co. Registrar's No. 161

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of Winkelman

Town of Winkelman

or

City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Joe Dominic Fioretti

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

Born Alive: YES ~~NO~~

Sex of Child	~~Twin,~~ Triplet or other	and	Number in order of birth	Legitimate? Yes	Date of Birth (Month, Day, Yr.)
Male					March 7 1921

FATHER

Full Name: Michell Fioretti

Residence: Winkelman Arizona

Color or Race: White — Age at last Birthday: 33 Years

Birthplace: Italy

Occupation: Baker

MOTHER

Full Maiden Name: Kolenina Bobinda

Residence: Winkelman Arizona

Color or Race: White — Age at last Birthday: 29 Years

Birthplace: Italy

Occupation: House Wife

Number of child of this Mother: 6

Number of Children, of this mother, now living: 5

Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on March 7 1921, at 9 P.M.

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

Signature: Clotilde Guarelli
Attending physician, midwife, householder.*

Address: Winkelman

Given or Christian name added from a supplemental report _____ 191__

Filed March 31 1921

W. Roberts
LOCAL REGISTRAR.

179-307-221
COUNTY REGISTRAR.

A True Copy

Filed Apr 7 1921

COUNTY REGISTRAR.