

4980

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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.

PLACE OF BIRTH

County of Cochise
District of Boyer
Town of _____
or Boyer
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 50

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 353

Local Registrar's No. 91

(No. 327-9 St; _____ Ward)

FULL NAME OF CHILD Alberta Marie Moroni } 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? Yes Date of Birth 4 8 1921
(Month) (Day) (Yr.)

FATHER
Full Name Francis Moroni
Residence Boyer
Color or Race Wm Age at last Birthday 33 (Years)
Birthplace Wm
Occupation Labourer

MOTHER
Full Maiden Name Benita del Rio
Residence Boyer
Color or Race Wm Age at last Birthday 28 (Years)
Birthplace Wm
Occupation Wife

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 4/8/21 1921, at 12³⁰ P. 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 _____ 1921

Address Boyer

Filed 5-10 1921

[Signature]
LOCAL REGISTRAR.

146-408-246
COUNTY REGISTRAR.

Filed 6-6 1921

A True Copy [Signature]
COUNTY REGISTRAR.