

2 130

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 171

County of Maricopa

District of Phoenix

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

City of Phoenix (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD John Giacoletti

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

{ Born } Yes  
{ Alive } **NO**

Sex of Child M  Twin, Triplet or other } and { Number in order of birth 5 Legitimate? yes Date of Birth Apr 26 1921  
(Month) (Day) (Yr.)

FATHER  
Full Name Dominick Giacoletti  
Residence Euclid Ave  
Color or Race W Age at last Birthday 34 (Years)  
Birthplace Italy  
Occupation Laborer

MOTHER  
Full Maiden Name Marion Giacoletti  
Residence Euclid Ave  
Color or Race W Age at last Birthday 25 (Years)  
Birthplace Italy  
Occupation Housewife

Number of child of this mother 5 Number of children, of this mother, now living 5 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 Apr 26 1921, at 2.9 M.

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

(Signature) R. D. Kennedy  
(Attending physician, midwife, householder. \*)

Address Globe

Given or Christian name added from a supplemental report \_\_\_\_\_ 192 \_\_\_\_\_

Filed May 27 1921

Filed May 5 1921

A True Copy

B. J. Fox LOCAL REGISTRAR

B. J. Fox COUNTY REGISTRAR

WASH. & WYO. STATE PRINT.

179-426-479  
COUNTY REGISTRAR.