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N. B.—In case of more than one child at birth, a SEPARATE RETURN must be filed by the attending physician or midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending physician or midwife.

PLACE OF BIRTH
 County of Maricopa
 District of _____
 Town of Miami
 or
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 38
 Co. Registrar's No. 126
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Ermeneqilda Martinbianco } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female } and } Legiti- } Date of Birth April 2 1922
 Twin, Triplet- } in order } mate? yes } Month Day Yr.
 or other } of birth } }

FATHER
 Full Name Angelo Martinbianco
 Residence Miami, Arizona
 Color or Race Italian Age at last Birthday 26 Years
 Birthplace Travisio, Italy
 Occupation miner

MOTHER
 Full Maiden Name Maria Assunta Martinbianco
 Residence Miami, Arizona
 Color or Race Italian Age at last Birthday 27 Years
 Birthplace Travisio, Italy
 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 April 2, 1922 at 1:10 P.M.
 *When there is no attending physician or midwife, then the householder should make this return.

Signature C. M. Cron M.D.
 Attending physician, midwife, householder.*

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

Address Miami, Arizona

5416-402-1416
 COUNTY REGISTRAR.

Filed Apr 10 1922
 Filed 5/6 1922

A True Copy
B. J. Fox
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.