

4766

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121
Co. Registrar No. 456
Local Registrar No. _____

or
City of Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maggie Solorio } If child is not yet named, make supplemental report, as directed

3. Sex of child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes. 7. Date of birth Sept. 16-22 (Month, day, year)

8. Full name of FATHER Refugio Solorio
9. Residence (Usual place of abode) Globe, Arizona
10. Color or race Mex
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Mexico
13. Occupation Miner

14. Full maiden name of MOTHER Carmine Igary
15. Residence (Usual place of abode) Globe, Ariz.
16. Color or race Mex
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Mexico
19. Occupation Housewife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12 P. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
(Physician or midwife)
Address Globe, Arizona

Given name added from a supplemental report. (Month, day, year)
426-916-318
Registrar.

Filed Oct 7, 1922 B. G. Joy Local Registrar.
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