

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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 <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>128</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>303</u>
Town of <u>Globe</u>			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. <u>Brood St</u>	St. _____	Ward _____
2. Full name of child <u>not named</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Female</u> To be answered ONLY in event of plural births.			
4. Twin, triplet or other _____		6. Legitimate? <u>Yes</u>	7. Date of birth <u>May 8 1923</u>
5. No., in order of birth _____		Month Day Year	
8. FATHER Full name <u>John Renon</u>		14. MOTHER Full maiden name <u>Maggie Baedera</u>	
9. Residence (Usual place of abode) <u>West Brood St Globe</u>		15. Residence (Usual place of abode) <u>Globe, Ariz</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>33</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) <u>Italy</u>		18. Birthplace (city or place) <u>Italy</u>	
13. Occupation <u>Merchant</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>1</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6P</u> m. on the date above stated.			
*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 <u>Clarence Ginter</u>	
		Address <u>Globe</u>	
Given name added from a supplemental report _____		Filed <u>5/12</u> , 19 <u>23</u> <u>Bl J. J. J. J.</u> Local Registrar.	
Month, day, year.		Filed <u>6-5</u> , 19 <u>23</u> <u>Bl J. J. J. J.</u> County Registrar.	
Registrar. _____			

095-308-426