

4820

PLACE OF BIRTH

1. County of Gila
District of _____
Town of _____
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144
County Registrar No. 512
Local Registrar No. _____

2. Full name of child Infant Marcelles
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes.
5. No., in order of birth _____ 7. Date of birth Aug. 6 1923
Month Day Year

8. FATHER
Full name Antonio Marcelles
9. Residence (Usual place of abode) Globe
If nonresident, give place and state ariz.
10. Color or race Italian
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Italy
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Antonia Martinez
15. Residence (Usual place of abode) Globe
If nonresident, give place and state Arizona
16. Color or race Mex
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Morenci
(State or country) Arizona
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 1
21. Were precautions taken against ophthalmia neonatorum? No.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (still born) at 3 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.

Filed 8-10 1923 B. G. Joy
County Registrar.
Filed 9-1 1928 B. G. Joy
County Registrar.

Registrar.

046-806-149