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MARGIN RESERVED ... ING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115

County Registrar No. 28

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of Globe

Town of .....

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 Frances Bertoglio } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Fem

To be answered ONLY in event of plural births.

4. Twin, triplet or other .....

5. No., in order of birth .....

6. Legitimate? .....

7. Date of birth Jan 6 - 1924 (Month day year)

FATHER

8. Full name John Bertoglio

9. Residence (Usual place of abode) Globe

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Italy

(State or country)

13. Occupation

Nature of industry Mine

MOTHER

14. Full maiden name Mary Chiono

15. Residence (Usual place of abode) Globe

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Italy

(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*/5

I hereby certify that I attended the birth of this child, who was alive at 1 A 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 evidences of life after birth.

Signature John Bertoglio (Physician or midwife) Father

Address Globe

Given name added from a supplemental report .....

Month, day, year.

Filed Jan 8, 1924 B. G. Fox Local Registrar.

Filed 2/5 1924 B. G. Fox County Registrar.

Registrar.

626-106-436