

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

PLACE OF BIRTH
 1. County of Gila
 District of _____
 Town of _____
 or _____
 City of Globe No. _____ St. _____ Ward _____

State Index No. 144
 County Registrar No. 407
 Local Registrar No. _____

2. Full name of child Dorothy Carelto (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child F 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 May 17 - 24 Month Day Year

FATHER		MOTHER	
8. Full name <u>John Carelto</u>	14. Full maiden name <u>Lena Zucco</u>	9. Residence (Usual place of abode) <u>Euclid Ave</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Globe Ariz</u> If nonresident, give place and state
10. Color or race <u>W</u>	16. Color or race <u>W</u>	11. Age at last birthday <u>36</u> (Years)	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Ill. Ill</u> (State or country)	18. Birthplace (city or place) <u>Globe Ariz</u> (State or country)	13. Occupation <u>miner</u> Nature of industry	19. Occupation <u>Housewife</u> Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>3</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>3</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:01 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 R. D. Kennedy
 Address Globe
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____

Filed 5-20, 1924 R. G. Gray Local Registrar.
 Filed 6-5, 1924 R. G. Gray County Registrar.

436-517-396