

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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

PLACE OF BIRTH
 1. County of Maricopa
 District of _____
 Town of _____
 or _____
 City of Phoenix No. Saint Joseph's Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give the NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 345
 County Registrar No. 1007
 Local Registrar No. 510

2. Full name of child Joe Pastonin
 3. Sex of Child male 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 5 21 1924
Month Day Year

8. FATHER
 Full name Mike Pastonin
 9. Residence (Usual place of abode) Green Arizona
If non-resident, give place and state.
 10. Color or race Italian
 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Genoa
(State or country) Italy
 13. Occupation farmer
Nature of industry

14. MOTHER
 Full maiden name Anna Yutzge
 15. Residence (Usual place of abode) Green, Arizona
If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 21 (Years)
 18. Birthplace (city or place) _____
(State or country) Arizona
 19. Occupation housewife
Nature of industry

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 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was Born alive at 5:55 a. m. on the date above stated.
(Born or stillborn.)
 Signature Russ A. Pearl (Physician or midwife).
 Address _____

* 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.
 Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____
 Filed 5-26-1924 _____ Local Registrar.
 Filed _____, 19____ County Registrar.

176-521-185