

1154

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of Winthrop
Town of Winthrop
or
City of Arizona

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141
County Registrar No. 657
Local Registrar No. _____

2. Full name of child Mary Angeline Georsetti
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other? No
5. No., in order of birth 1
6. Legitimate? Yes
7. Date of birth Aug. 15 1924
Month Day Year

8. FATHER
Full name Mike Georsetti

14. MOTHER
Full maiden name Catherine Babando

9. Residence (Usual place of abode) Winthrop, Ariz.
If nonresident, give address

15. Residence (Usual place of abode) Italy
If nonresident, give address

10. Color of race White

16. Color of race White

11. Age at last birthday 36 (Years)

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Italy
(State or country)

18. Birthplace (city or place) Italy
(State or country)

13. Occupation
Nature of industry Merchant

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 7
(b) Born alive but now dead 1
(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 Female at 12 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 O. M. Butler, M.D.
(Physician or midwife)

Address Winthrop, Arizona

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

Filed Oct 3 1924
Filed 10-6 1924

Registrar.

County Registrar.

479-815-326

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.

MAINTAIN RESERVED FOR FILING