1175

WRITE PLAINLY WITH ... NG INK—THIS IS ...

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. 192

County Registrar No. 915

Local Registrar No. ____

PLACE OF BIRTH

1. County of Gila

District of ____

Town of Globe

or

City of ____ No. ____ St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Adelina Troglio — 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 ____

5. No., in order of birth ✓

6. Legitimate? yes

7. Date of birth Nov. 24, 1924 (Month, day, year)

8. FATHER

Full name Henry Troglio

9. Residence (Usual place of abode) Globe, Ariz.

If nonresident, give place and state

10. Color or race white

11. Age at last birthday 50 (Years)

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

13. Occupation

Nature of industry miner

14. MOTHER

Full maiden name Pompasa Gussman

15. Residence (Usual place of abode) Globe, Ariz.

If nonresident, give place and state

16. Color or race mexican

17. Age at last birthday 39 (Years)

18. Birthplace (city or place) Florence (State or country) Arizona

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 8

(b) Born alive but now dead 6

(c) Stillborn 1

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 (Born alive or stillborn.) at 9 A. m. on the date above stated.

*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 T. C. Harper (Physician [redacted])

Address Globe, Ariz.

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

Filed 11-27, 1924 B. G. Jay Local Registrar.

Registrar.

Filed DEC 5, 1924 B. G. Jay County Registrar.

136-1124-75