

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Payson

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150

County Registrar No. _____

Local Registrar No. 2

2. Full name of child _____

If child is not yet named, make supplemental report, as _____

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date of birth April, 9, 1925

Month Day Year

Male5. No., in order of birth 7thYes

8. FATHER

Full name Bert Bellezzi

9. Residence (Usual place of abode)

If nonresident, give place and state Payson Ariz

10. Color or race

White11. Age at last birthday 40 (Years)

12. Birthplace (city or place)

(State or country)

Arizona

13. Occupation

Nature of industry Farmer

14. MOTHER

Full maiden name Lattie Hardt

15. Residence (Usual place of abode)

If nonresident, give place and state Payson Ariz

16. Color or race

White17. Age at last birthday 37 (Years)

18. Birthplace (city or place)

(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 _____

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 12:30 P. 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 C. R. Riser M.D.

(Physician or midwife)

Address Payson, Ariz

Given name added from a supplemental report _____

Month, day, year.

Registrar.

Filed April 20, 1925

Filed _____, 19____

Jay J. Vance

Local Registrar.

County Registrar.

029-409-383

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.

RECORDED & INDEXED WITH COUNTY CLERK'S OFFICE IN THE DEPARTMENT RECORDS