

MARGIN RESERVED FOR BINDING. RECORD ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. SEPARATE RETURN must be made for each, and the number of each in order of birth stated. WRITE IN INK IN CASE OF MORE THAN ONE CHILD AT A BIRTH.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 173
 Registered No. 154

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Giaccolletto If child is not yet named, make supplemental report, as directed.

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 6-17-25
Month Day Year

8. FATHER
 Full name Dominic Giaccolletto

9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 37 (Years)

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

13. Occupation Miner
 Nature of Industry

14. MOTHER
 Full maiden name Mary Ann Giaccolletto

15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 29 (Years)

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

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
 (b) Born alive but now dead 2
 (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 3:30 A. m. on the date above stated.
(Born alive or stillborn)

Signature [Signature]
Globe Ariz.
(Physician or Midwife)

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

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176-617-476