

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

State File No. 135
 Registered No. 234

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Douglas Frank Bozzola (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 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 9-17-25
 Month Day Year

8. FATHER
 Full name Raymond Bozzola

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 30 (Years)

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

13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Ellie Johnie Morris

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 30 (Years)

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

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 4 (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) (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 11:50 A. 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 [Signature]
Globe Ariz.
 (Physician or midwife)

Given name added from a supplemental report _____ Address _____
 Month, day, year 4-21-917-642 Filed 9/30, 1925 W. W. York
 Registrar Registrar

MAKING RESERVED FOR BINDING
 WRIT 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.