

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

State File No. 143  
 Registered No. 191

**1. PLACE OF BIRTH**

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

2. Full name of child Matthew Gene Culitto { 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 8-4-26  
 Month Day Year

**8. FATHER**  
 Full name Joseph John Culitto  
 9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Ariz.  
 10. Color or race white  
 11. Age at last birthday 45 (Years)

**14. MOTHER**  
 Full maiden name Marie Giacomina  
 15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Ariz.  
 16. Color or race white  
 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Italy  
 13. Occupation \_\_\_\_\_  
 Nature of Industry Jeweler

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Arizona  
 19. Occupation \_\_\_\_\_  
 Nature of Industry Housewife

20. Number of children of this mother 1  
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
 (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 9:30 A. m. on the date above stated  
(Born alive or stillborn)

Signature C. W. Adams  
Physician  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Ariz.

Filed 8/31 1926 J. J. Nord  
 Registrar

Registrar

436-804-471

RESERVED FOR BINDING. UNFADING INK.—THIS IS A PERMANENT RECORD. WRITE PLAIN. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated. —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.