

Items 2 and 8 were amended by affidavit of registrant and her baptismal record. 6-3-70 c rw

PLACE OF BIRTH CERTIFICATE AMENDED

ARIZONA STATE BOARD OF HEALTH

1. County of Gila SEE NOTATION

District of _____ BUREAU OF VITAL STATISTICS State Index No. 141

Town of _____ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. _____

or Globe No. Dinal Street Local Registrar No. 205

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

2. Full name of child Gertrude Frances Vezzetti Vezzetti If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 4. Twin, triplet or other? no 5. Legitimate? yes 6. Date of birth Sept. 17, 1926

To be answered ONLY in event of plural births. no 7. Month Sept 8. Day 17 9. Year 1926

10. FATHER Vezzetti

11. MOTHER _____

12. Full name Charlie Vezzetti

13. Full maiden name Jimmie Ellen Wheeler

14. Residence (Usual place of abode) Globe, Arizona If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Arizona If nonresident, give place and state

16. Color or race Italian

17. Color or race white

18. Age at last birthday 4.3 (Years)

19. Age at last birthday 35 (Years)

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

21. Birthplace (city or place) Kelly New Mexico (State or country)

22. Occupation Nature of industry miner

23. Occupation Nature of industry Housewife

24. 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 four (b) Born alive but now dead one (c) Stillborn none

25. 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 7:30 p.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 evidences of life after birth. Signature J. S. Harper, M.D. (Physician or midwife) Address Globe, Ariz.

Given name added from _____ Filed 9/30 19 26 Local Registrar _____

supplemental report _____ Filed _____ 19 _____ County Registrar M. N. West

Registrar.

759-917-169

WHILE FILING WITH READING INK—THIS IS A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.