

NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of Globe  
 Town of Globe  
 or  
 City of Globe

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 60

2. Full name of child Pete Anton Caretto  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 \_\_\_\_\_ To be answered ONLY in event of plural births. }  
 4. Twin, triplet or other \_\_\_\_\_ }  
 5. No., in order of birth 1 }  
 6. Legitimate? \_\_\_\_\_ }  
 7. Date of birth May 1 - 28  
 Month day year

8. FATHER  
 Full name J W Caretto  
 9. Residence (Usual place of abode) Globe  
 If nonresident, give place and state \_\_\_\_\_  
 10. Color or race White  
 11. Age at last birthday 31 (Years)  
 12. Birthplace (city or place) Italy  
 (State or country)  
 13. Occupation Rancher  
 Nature of industry

14. MOTHER  
 Full maiden name Lucy Sasso  
 15. Residence (Usual place of abode) Italy  
 If nonresident, give place and state \_\_\_\_\_  
 16. Color or race White  
 17. Age at last birthday 22 (Years)  
 18. Birthplace (city or place) Italy  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

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 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 6 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 evidences of life after birth.  
 Signature P. D. Germedy (Physician or midwife)  
 Address Globe Ariz

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed 5/10 1926 H. W. Wightman Local Registrar.

Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

736-501-323