

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
County Registrar No. 95
Local Registrar No. _____

2. Full name of child Denton Douglas Reggo
(If birth occurred in a hospital or institution, give its NAME instead of street and number) County Hospital
No. _____ St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child m. To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth 1
6. Legitimate? yes.
7. Date of birth June 12, 1928
Month day year.

8. FATHER
Full name Edwin Lee Reggo

14. MOTHER
Full maiden name Mattie Young

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

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

10. Color or race w.
11. Age at last birthday 22 (Years)

16. Color or race w.
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mesa
(State or country) Ariz.

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

13. Occupation
Nature of industry School teacher

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 _____
(c) Stillborn _____
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 1 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. G. Gentry M.D.
(Physician or midwife)
Address Globe Ariz.
Given name added from a supplemental report _____
Month, day, year. Filed 7/9, 1928 S. E. Wightman
Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

492-612-487