ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 101

Registered No. 230

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Globe No. 799 Blake St St. ..... Ward

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

2. Full name of child John Batista Robert Valerio { 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 Dec. 2-1928 (Month Day Year)

8. FATHER

Full name Dominic N. Valerio

9. Residence (Usual place of abode)

If non-resident, give place and state. Globe, Ariz.

10. Color or race White | 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Turin

(State or country) Italy

13. Occupation

Nature of industry Shoe Maker

14. MOTHER

Full maiden name Victoria Lavondowski

15 Residence (Usual place of abode)

If non-resident, give place and state Globe, Ariz

16 Color or race White | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place)

(State or country) Wisconsin

19. Occupation

Nature of industry House Wife

20. Number of children of this mother Two (Taken as of time of birth of child herein certified and including this child.) { (a) Born alive and now living Two (b) Born alive but now dead None (c) Stillborn None

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 7:45 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 evidence of life after birth. }

Signature L. E. Wighlman M.D.

Globe Ariz (Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address .....

Filed 1/4, 1929 L. E. Wighlman Jr. Registrar

Registrar

156-1202-539