

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

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

State File No. 195
 Local Registrar's No. _____

1. PLACE OF BIRTH		County <u>Gila</u> State _____	
District or Township _____		or Village _____	
City <u>Christmas</u> No. _____ St. _____ Ward _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Maria Corale</u>		(If child is not yet named, make supplemental report, as directed.)	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
7. Date of birth <u>Aug 16 1929</u>		Month Day Year	
5. No., in order of birth _____		14. MOTHER Full maiden name <u>Romana Olivari</u>	
8. FATHER Full name <u>Felice Corale</u>		15. Residence (Usual place of abode) <u>Christmas</u>	
9. Residence (Usual place of abode) <u>Christmas</u>		If non-resident, give place and state.	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Sonora Mexico</u>		15. Birthplace (city or place) <u>Sonora Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>Miner</u>		19. Occupation <u>House wife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother _____		(a) Born alive and now living <u>4</u>	
(Taken as of time of birth of child herein certified and including this child.)		(b) Born alive but now dead <u>2</u>	
		(c) Stillborn <u>0</u>	
		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) _____ m. on the date above stated.

*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 Charles H. Hutton (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden
 Month, day, year _____ Filed Sept 1, 1929 P. H. Hutton Registrar

432-816-962