

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

State File No. 136  
 Registered No. 144

**1. PLACE OF BIRTH**

County Gila State Ariz.  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Dorcyce Mae Caretto (If child is not yet named, make supplemental report, as directed.)

**3. Sex of Child** female To be answered ONLY in event of plural births. **4. Twin, triplet or other** \_\_\_\_\_ **6. Legitimate?** Yes  
**7. Date of birth** Oct. 15, 1929  
 Month Day Year

**3. FATHER**  
**Full name** Johnny Caretto  
**3. Residence** Globe  
(Usual place of abode)  
 If non-resident, give place and state. Ariz.

**10. Color or race** white **11. Age at last birthday** 37 (Years)

**12. Birthplace (city or place)** Congress  
(State or country) Ariz.

**13. Occupation** Baker  
 Nature of industry \_\_\_\_\_

**20. Number of children of this mother** 2  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) 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.

**Given name added from supplemental report** \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Registrar B. E. Wyckoff

**14. MOTHER**  
**Full maiden name** Isola Mae Smith

**15. Residence** Globe  
(Usual place of abode)  
 If non-resident, give place and state. Ariz.

**16. Color or race** white **17. Age at last birthday** 33 (Years)

**18. Birthplace (city or place)** Salem  
(State or country) Ore.

**19. Occupation** Housewife  
 Nature of industry \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

hereby certify that I attended the birth of this child, who was born alive at 11:45 P. m. on the date above stated.  
(Born alive or stillborn.)

Signature T. C. Harper  
physician  
(Physician or midwife.)

Address Globe, Arizona

Filed Nov 29 1929 Registrar B. E. Wyckoff

436-1015-928