

order of birth stated.

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

State File No. _____
 Registered No. 230

1. PLACE OF BIRTH

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

2. Full name of child

Roberto Augustine Crocco (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

6. Legitimate?

yes

7. Date of birth

Dec. 9, 1929
 Month Day Year

8. FATHER

Full name

Carlos Crocco

14. MOTHER

Full maiden name

Tomasa Herrera

9. Residence
(Usual place of abode)

If non-resident, give place and state.

Globe Ariz.

15. Residence
(Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

10. Color or race

Mexican

11. Age at last birthday _____ (Years)

25

16. Color or race

Mexican

17. Age at last birthday _____ (Years)

22

12. Birthplace (city or place)

(State or country)

Morenci Ariz.

18. Birthplace (city or place)

(State or country)

Las Cruces New Mex.

13. Occupation

Nature of industry

miner

19. Occupation

Nature of industry

Housewife

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 _____

(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 11:30 P. m. on the date above stated.
(Born alive or stillborn.)

Signature _____

T. S. Harper

(Physician or Midwife.)

Address _____

Globe, Arizona

Filed 1/7

1930

H. E. Wightman
 Registrar

* 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 a supplemental report _____

Month, day, year

Registrar

966-1209-381