ADIZONA COLADO OD TOLETON
ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No. 5/
STANDARD CERTIFICATE OF BIRTH Registered No. / 63
County Lolly - State
District or Township Bulled or Village C. 1 Box 2213 Bull
City
2. Full name of child Julia Gulla Gu
To be answered ONLY) 4. Twin, triplet or other
Mull in event of plural 5. No., in order of birth Yes 7. Date of birth Muy 18 1428 Month Day Year
Full name Collarellellon Fully Full maiden name Bloom analyo
9. Residence (Usual place of abode) (Usual place of abode)
If non-resident, give place and state. (Usual place of abode) If non-resident, give place and state.
10. Color or race 16. Color or race 16.
MCSUCAN 11. Age at last birthday 4/ (Years) MCSUCAN 17. Age at last birthday 26 (Years)
12 Birthulans (sites and sites and s
(State or country) 18. Birthplace (city or state) (State or country)
13. Occupation
Nature of industry Lalloner 19. Occupation Nature of industry Houseupf
20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead that meanstrum. (c) Stillborn
CUPTINICATE OF AUTHORITIES
I hereby certify that I attended the birth of this child, who was (Born slippor stillbern) of the date above stated.
* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn
shows other evidence of life after birth.
Given name added from (Physician or midwie).
a supplemental report Address Month, day, year
Registrar. Filed 6 5 , 1928 N. W. Woulf
1011-518-216

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