

PLACE OF BIRTH

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of _____ No. _____ St. _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
 County Registrar No. _____
 Local Registrar No. 93

2. Full name of child Corrine Trojanovich { If child is not yet named, supplemental report, 25 //

3. Sex of Child Female 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 4-14-27
 Month Day Year

8. FATHER
 Full name Claude Irvin Trojanovich
 Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state. Globe, Arizona
 10. Color or race White
 11. Age at last birthday 26 (Years)

14. MOTHER
 Full maiden name Pauline Emily Green
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state. Globe, Ariz.
 16. Color or race White
 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Globe, Arizona
 (State or country)

18. Birthplace (city or place) Waketown N.Y.
 (State or country)

13. Occupation
 Nature of industry Garage laborer

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 3
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 1 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 2:45 P. m. on the date above.
 (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 C. Adams (Physician or midwife)
 Address P.O. Box 36, Globe, Arizona

Given name added from a supplemental report _____ Filed 4-30-27 St. J. Horst
 Month, day, year _____ Local Registrar

Registrar

Filed _____, 19____

County Registrar

222-414