

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.

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of _____
 or Globe
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137
 County Registrar No. _____
 Local Registrar No. 107

2. Full name of child Eva Bugen
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 St. _____ Ward _____
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 no 6. Legitimate? yes 7. Date of birth May 4, 1927
 Month May Day 4 Year 1927
 5. No., in order of birth 1

5. FATHER		14. MOTHER	
Full name <u>Achim Bugen</u>		Full maiden name <u>Milica Andrich</u>	
9. Residence (Usual place of abode) <u>Globe, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe, Arizona</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Serbia</u> (State or country)		18. Birthplace (city or place) <u>Serbia</u> (State or country)	
13. Occupation <u>miner</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother { (a) Born alive and now living three
 (b) Born alive but now dead one
 (c) Stillborn none
(Taken as of time of birth of child herein certified and including this child.) 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 7:30 p.m. on the date above stated.
(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 evidences of life after birth.
 Signature J. C. Harpe, M.D.
 Address Globe, Arizona
Given name added from supplemental report

Filed _____ 19 _____
 Filed 5-31-27 _____
 Local Registrar _____
 County Registrar _____

525-504-418