ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140

County Registrar No.

Local Registrar No. 104

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of 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 Stella Frances Kosmak — 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 — 5. No., in order of birth — 6. Legitimate? yes — 7. Date of birth May 4, 1927 (Month, day, year)

8. FATHER

Full name Charles Kosmak

9. Residence (Usual place of abode) Los Angeles, Calif.

If nonresident, give place and state

10. Color or race: White — 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) New York City (State or country)

13. Occupation: Nature of industry Insurance agent

14. MOTHER

Full maiden name Stella Mrgudich

15. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

16. Color or race: White — 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Lead (State or country) S. D.

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 Two
(b) Born alive but now dead none
(c) Stillborn none

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 7:55 A.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 T. C. Harper, M. D. (Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed ....., 19.... Local Registrar.

Registrar.

Filed 5-31, 1927 W. W. Horst County Registrar.

222-504-248

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 [illegible]