

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

State File No. 197
 Registered No. 183

1. PLACE OF BIRTH
 County Pima State Arizona
 District or Township Globe or Village _____
 City Globe No. Globe St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mike Hajdukovich { 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 _____
 5. No., in order of birth _____
 6. Legitimate? Yes
 7. Date of birth 8-29-1927
Month Day Year

9. FATHER
 Full name Carl Hajdukovich
 9. Residence (Usual place of abode) Globe
If non-resident, give place and state.

14. MOTHER
 Full maiden name Mildred Mandevick
 15. Residence (Usual place of abode) Globe
If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 35 (Years)

16. Color or race White
 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Jugo Slavia
(State or country)

18. Birthplace (city or place) Jugo Slavia
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (b) Born alive but now dead _____
 (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 Male at 8:45 a.m. on the date above stated
(born alive or stillborn)

Signature D. S. Madam
(Physician or midwife)

Address Globe Arizona

Filed 8-31-27 N. H. Hunt
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 _____

488-829-448