

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

State File No. 394
 Registered No. 4

1. PLACE OF BIRTH

County Maricopa State Arizona
 District or Township _____ or Village Hickensburg
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Gerald Bodiraga (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 out of Legitimate?
 5. No., in order of birth 1st
 7. Date of birth 9 25 1927
Month Day Year

8. FATHER
 Full name Geo. G. Bodiraga
 9. Residence (Usual place of abode) Hickensburg
 If non-resident, give place and state. Ariz.
 10. Color or race Serbian
 11. Age at last birthday 32 (Years)
 12. Birthplace (city or place) Trabernia
 (State or country) Serbia
 13. Occupation Carpenter & hoist Engineer
 Nature of industry _____

14. MOTHER
 Full maiden name Esther Williams
 15. Residence (Usual place of abode) Hickensburg
 If non-resident, give place and state. Arizona
 16. Color or race Caucasian
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Cleburn
 (State or country) Arizona
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother out
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living out
 (b) Born alive but now dead 0
 (c) Stillborn 0
 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 alive at 6:05 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 evidence of life after birth.
 Signature J. A. Copeland
(Physician or midwife)

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

Filed 9/28, 1927 J. A. Copeland
 Registrar Registrar

721-925-562