

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Glade

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 151

County Registrar No. \_\_\_\_\_

Local Registrar No. 212

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Olga Markovich } 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. yes } 6. Legitimate? yes } 7. Date of birth Oct. 19 1927 }  
Month day year

3. FATHER		14. MOTHER	
Full name	<u>Spiro Markichewich</u>	Full maiden name	<u>Larinka Mitrovich</u>
9. Residence (Usual place of abode)	<u>339 E. Oak</u>	15. Residence (Usual place of abode)	<u>339 E. Oak</u>
If nonresident, give place and state	<u>Utah</u>	If nonresident, give place and state	<u>Utah</u>
16. Color or race	<u>White</u>	16. Color or race	<u>White</u>
11. Age at last birthday	<u>42</u> (Years)	17. Age at last birthday	<u>22</u> (Years)
12. Birthplace (city or place) (State or country)	<u>Budua Jugoslavia</u>	18. Birthplace (city or place) (State or country)	<u>Budua Jugoslavia</u>
13. Occupation Nature of industry	<u>Restauranter</u>	19. Occupation Nature of industry	<u>Housewife</u>

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 2 } 21. Were precautions taken against epithelium neovestrum? yes }  
(b) Born alive but now dead \_\_\_\_\_ }  
(c) Stillborn \_\_\_\_\_ }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6 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.  
Given name added from a supplemental report \_\_\_\_\_  
Signature E. Hunter (Physician or midwife)  
Address Glade  
Filed 10-31-27 W. J. Horst Local Registrar.  
Month, day, year.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

048-1019-448