

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

State File No. 160  
 Registered No. 508

**1. PLACE OF BIRTH**

County Mila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami Box 299 No. Claypool St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Maslovar (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 Nov-24-1927  
 Month Day Year

8. FATHER  
 Full name John K. Maslovar

14. MOTHER  
 Full maiden name Minnie Beach

9. Residence (Usual place of abode) Claypool, Ariz.  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Claypool, Arizona  
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 39 (Years)

16. Color or race Cauc. 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Kotor, Serbia  
 (State or country)

18. Birthplace (city or place) South Bend, Indiana  
 (State or country)

13. Occupation Conductor on train  
 Nature of industry Mining

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 10  
 (b) Born alive but now dead 2  
 (c) Stillborn \_\_\_\_\_

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 1:45 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 Byril M. Brown M.D.  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Miami, Arizona

Filed Dec 1, 1927 Registrar

Registrar

519-1124-1126

This child was born in \_\_\_\_\_ State of \_\_\_\_\_  
 Birth date \_\_\_\_\_