

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

204159

State File No. _____

Registered No. 23

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Miami No. _____ St. _____ Ward _____

2. Full name of child Betty E. HEN Lubich

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 Jan 14 1930

8. FATHER Full name Vito Lubich 9. Residence (Usual place of abode) Miami If non-resident, give place and state _____

10. Color or race Caucasian 11. Age at last birthday 35 (Years) 12. Birthplace (city or place) Muster Austria (State or country) _____

13. Occupation Nature of Industry Miner

14. MOTHER Full maiden name Dorothy Clark 15. Residence (Usual place of abode) Miami If non-resident, give place and state _____

16. Color or race Caucasian 17. Age at last birthday 19 (Years) 18. Birthplace (city or place) Club Arizona (State or country) _____

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 _____ (b) Born alive but now dead _____ (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 _____ at _____ on the date above stated.

*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 Melton H. Brayton (Physician or midwife.)

Given name added from a supplemental report _____ Address _____

Month, day, year _____ Filed Jan 20 30 Registrar C. G. Jones

204-111-432