

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 144  
363  
Registered No. 363

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Baldo John Lutich (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M. 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 5 4 30  
Month Day Year

8. FATHER  
Full name John Lutich

14. MOTHER  
Full maiden name Annie Besich

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

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

10. Color or race W.  
11. Age at last birthday 25 (Years)

16. Color or race W.  
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) S. Leake  
(State or country)

13. Birthplace (city or place) Globe Ariz  
(State or country)

13. Occupation Waiter Restaurant  
Nature of industry

19. Occupation HTU  
Nature of industry

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 1  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Baldo at 10:40 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 C. F. Perkins  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
268 504-128 Month, day, year  
Registrar

Address Miami  
Filed June 17, 1930 Registrar