

N. E.—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. 138
 Registered No. 138

1. PLACE OF BIRTH
 County Isila State Ariz.
 District or Township _____ or Village _____
 City Islobo No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Myrna Louise Trojanovich (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** _____ **6. Legitimate?** Yes
7. Date of birth July 11, 1930
 Month July Day 11 Year 1930
5. No., in order of birth _____

8. FATHER
Full name Lloyd Irvin Trojanovich

14. MOTHER
Full maiden name Ruth Louise Norcross

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

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

10. Color or race White

11. Age at last birthday 24 (Years)

16. Color or race White

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Islobo Ariz.
(State or country)

18. Birthplace (city or place) Bisbee Ariz.
(State or country)

13. Occupation Wok Pigger gang at mine
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1
(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 born alive at 2:40 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 evidence of life after birth.

Signature H. Haysler
Physician (Physician or Midwife).

Given name added from a supplemental report _____ Address Islobo Ariz.

Month, day, year _____ Filed 8/9 1930 H. Wightman Registrar

433-711-952