

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 171
Registered No. 500

1. PLACE OF BIRTH

County Pima State Arizona

District or Township _____ or Village _____

City Miami No. 1223 Alderman St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jane Ellen Lubich } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } female
4. Twin, triplet or other. _____ } Yes
5. No., in order of birth. _____ } 1
6. Legitimate? } Yes
7. Date of birth Aug 21 1935
Month Day Year

FATHER

8. Full name Jack Lubich

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

10. Color or race White

11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Austria
(State or country)

13. Occupation Miner
Nature of Industry Copper

MOTHER

14. Full maiden name Anna Brenette Horgan

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

16. Color or race White

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Williams
(State or country) Arizona

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 7 } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 3
certified and including this child.) } (c) Stillborn 0

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 alive at 2:15 P m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Aug 25 1935 Registrar J. J. Miller

138 - 821 - 195

such in order of birth stated and the number of