128

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____

Registered No. 94

1. PLACE OF BIRTH

County: Gila State: Ariz

District or Township: ____ or Village: ____

City: Globe No. ____ St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Blazo N. Pavlich. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male (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: 5-14-1931 (Month Day Year)

FATHER

8. Full name: Nick M. Pavlich

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz.

10. Color or race: Montenegrin

11. Age at last birthday: 37 (Years)

12. Birthplace (city or place): ____

(State or country): Montenegro

13. Occupation: Miner

Nature of Industry: ____

MOTHER

14. Full maiden name: Violet Yovetich

15. Residence (Usual place of abode): Globe, Ariz.

If non-resident, give place and state: ____

16. Color or race: ____

17. Age at last birthday: 18 (Years)

18. Birthplace (city or place): Globe

(State or country): Ariz.

19. Occupation: Housewife

Nature of Industry: ____

20. Number of children of this mother: 3

(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: 2

(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 born alive (Born alive or stillborn.) at 3:55 A. m. on the date above stated.

Signature: T. C. Harper

Physician (Physician or midwife).

Address: Globe, Ariz.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

Given name added from a supplemental report ____ Month, day, year

Registrar ____

Filed 6/9, 1931 H. E. Wightman Registrar

278-59-568-