

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

State File No. 1960  
 Registered No. 228

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village P.O. Box 665 - Miami, Ariz.  
 City Miami No. Miami - Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child Edith Lazovich

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Female

5. No., in order of birth

yes

June 28 - 1931  
 Month Day Year

8. FATHER  
 Full name John Lazovich

14. MOTHER  
 Full maiden name Stella Kostovich

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

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

10. Color or race

Cauc.

11. Age at last birthday 31 (Years)

16. Color or race

Cauc.

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Boka Rotarska  
 (State or country) Jugo Slavia

18. Birthplace (city or place) Boka Rotarska  
 (State or country) Jugo Slavia

13. Occupation

Nature of Industry Merchant

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.) 1

(a) Born alive and now living 1  
 (b) Born alive but now dead 0  
 (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 at 12:05 A.M. on the date above stated.  
(Born alive or stillborn.)

Signature Cyril M. Brown, M.D.  
 (Physician or midwife)

\* 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.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Miami, Arizona  
 Filed July 15 1931  
 Registrar C. E. Jones

Registrar

528 - 628 - 228