

MARGIN RESERVED FOR BINDING

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. **138**
 Registered No. **194**

1. PLACE OF BIRTH

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

2. Full name of child Vivian Orlich
 (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 _____
 5. No., in order of birth _____
 6. Legitimate? Yes
 7. Date of birth 10-31-31
 Month Day Year

8. FATHER
 Full name Pete Orlich
 9. Residence (Usual place of abode) Islohe Ariz.
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 36 (Years)
 12. Birthplace (city or place) Jugo-Slavia
 (State or country)
 13. Occupation
 Nature of Industry miner

14. MOTHER
 Full maiden name Margie Bogdanovich
 15. Residence (Usual place of abode) Islohe Ariz.
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Salt Lake City Utah
 (State or country)
 19. Occupation
 Nature of Industry Housewife

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 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 12:35 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 T. C. Harper

 (Physician or midwife.)

Given name added from a supplemental report _____
 Address Islohe, Arizona
 Filed 11/7 1931 H. E. Wightman
 Registrar

Month, day, year
568-1031-428
 Registrar