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. 87

Registered No. 157

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. 830 Smith St. St. Ward

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

2. Full name of child George Cumparak (If child is not yet named, make supplemental report, as directed)

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term ✓

7. Legitimate? yes

8. Date of birth July 9 1932 (Month, day, year)

FATHER

9. Full name Matt Cumparak

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

11. Color or race Caus 12. Age at last birthday 42 (Years)

13. Birthplace (city or place) Dalmatia (State or country) Jugo Slavia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Eva Kraljevich

19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

20. Color or race Caus 21. Age at last birthday 26 (Years)

22. Birthplace (city or place) Leeds (State or country) South Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

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 5:30 A. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cyril M. Cron M. D., M. D.

or

Address Miami, Arizona

Given name added from a supplemental report (Date of)

Registrar.

Filed July 21 1932 C. E. Cron Registrar.

132-0707-528