

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 8102
Registered No. _____

PLACE OF BIRTH

County Mila State Arizona

Township _____ or Village _____

City Miami No. 716 Smith St St. _____ Ward _____

Full name of child Voislav J. Lazorch { If child is not yet named, make supplemental report, as directed

Sex male { If plural births } 4. Twin, triplet or other _____ 5. Premature _____ 6. Legitimate? yes 8. Date of birth Feb 10, 1933
(Month, day, year)

FATHER
Full name John M. Lazorch
Residence (usual place of abode) Miami Ariz
(If nonresident, give place and State)
Color or race Cauc 12. Age at last birthday 32 (Years)
Birthplace (city or place) Pelmatis
(State or country) Jugo Slavia
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Confectionery
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

MOTHER
Full maiden name Stella K. Klostreich
18. Residence (usual place of abode) Miami Ariz
(If nonresident, give place and State)
Color or race Cauc 21. Age at last birthday 22 (Years)
22. Birthplace (city or place) Pelmatis
(State or country) Jugo Slavia
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. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

7. 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 _____ (c) Stillborn _____

8. If stillborn, period of gestation _____ { months } 29. Cause of stillbirth _____ { Before labor }
{ or weeks } { During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P. 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.

Given name added from supplemental report 538-310-228 (Date of)

(Signed) Cyril M. Brown M.D.
or _____ Midwife
Address Miami, Arizona
Filed 3/2 1933 C. J. Perkins Registrar

Registrar

5-7-33

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.