

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 92 ad

Registered No. _____

1. PLACE OF BIRTH

County Gila

State Arizona

Township _____

or Village _____

City Miami

No. 716 Smith St.

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

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

2. Full name of child Ilija S. Lazovich

3. Sex Male If plural births 4. Twin, triplet, or other _____ 5. Premature NO 6. Legit- YES 7. Date of birth Sept 25, 1933
(Month, day, year)

8. Full name FATHER
Sam M. Lazovich

18. Full maiden name MOTHER
Ljubica Radovich

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

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(If nonresident, give place and State)

11. Color or race Cauc 2. Age at last birthday 31 (Years)

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

13. Birthplace (city or place) Boka Kotorska
(State or country) Jogo Slavia

22. Birthplace (city or place) Boka Kotorska,
(State or country) Jogo Slavia

14. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Merchant

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

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

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

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 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.

(Signed) April M. Brown M. D.

Given name added from a supplemental report _____ (Date of) _____

Address Miami, Arizona
Filed Dec. 14, 1933 Registrar

938-925-399

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD