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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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Gila
District of _____
Town of _____
or
City of Globe (No. _____ St.; _____ Ward)

CERTIFICATE OF BIRTH. Ter. Index No. 33 15
409 8
Register No. _____

FULL NAME OF CHILD Petar Veinovich Born Yes
Alive No
If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth 2 Legiti mate? Yes Date of Birth June 14 1909
(Month) (Day) (Year)

FATHER
Full Name Marko Veinovich
Residence Globe
Color or Race White Age at last Birthday 25 (Years)
Birthplace Austria
Occupation Miner

MOTHER
Full Maiden Name Eva Dizija
Residence Globe
Color or Race White Age at last Birthday 23 (Years)
Birthplace Austria
Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 14, 1909, at 9 P.M.
*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.
(Signature) Mrs. H. K. Shaw
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed June 16 1909 Address Globe Ariz
B. G. Fox M.D.
LOCAL REGISTRAR
COUNTY REGISTRAR. Filed June 28 1909 B. G. Fox M.D.
COUNTY REGISTRAR.