2614

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 birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local registrar with 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 71

PLACE OF BIRTH

County of Gila

District of

Town of

or

City of

Register No. 32

(No. St.; Ward)

FULL NAME OF CHILD Danica Radovich Born Alive Yes

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child Girl | Twin, Triplet or other | and | Number in order of birth | Legitimate? Yes | Date of Birth Feb 14 1910 (Month) (Day) (Year)

FATHER	MOTHER
Full Name: Mate Radovich	Full Maiden Name: Darinka Medin
Residence: Globe	Residence: Globe
Color or Race: White	Color or Race: White
Age at last Birthday: 36 (Years)	Age at last Birthday: 20 (Years)
Birthplace: Austria	Birthplace: Austria
Occupation: Minor	Occupation: Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 Feb 14, 1910, at 2:30 P.M.

*When there is no attending physician or midwife, then the householder must make this return.

(Signature) [illegible]

(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19.....

Filed Feb 21 1910

Address

B.G. Fox M.D. Globe

LOCAL REGISTRAR.

498-217-485

COUNTY REGISTRAR.

Filed Mar 1st 1910

A TRUE COPY.

B.G. Fox M.D.

COUNTY REGISTRAR