100

Write ...nly, with Unfading Ink.—This is a Perm...nt 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. 73

Register No. 56.

PLACE OF BIRTH

County of Gila

District of

Town of

or

City of Globe

(No. St.; Ward)

FULL NAME OF CHILD Olga Lemonica

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

Born Alive Yes No

Sex of Child Girl | Twin, Triplet or other and Number in order of birth | Legitimate? No | Date of Birth March 4 1910 (Month) (Day) (Year)

FATHER	MOTHER
Full Name: Nicole J. Lemonica	Full Maiden Name: Maria Kirkovich
Residence: Globe	Residence: Globe
Color or Race: White	Color or Race: White
Age at last Birthday: 25 (Years)	Age at last Birthday: 22 (Years)
Birthplace: Austria	Birthplace: Austria
Occupation: Merchant	Occupation: Housewife

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

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX APR 12 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on March 4, 1910, at 9 P.M.

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

(Signature) [signature]
(Attending physician, midwife, householder, *)

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

Filed March 1910

Address Globe

B. G. Fox M.D.
LOCAL REGISTRAR.

A TRUE COPY

698-304-298
COUNTY REGISTRAR.

Filed April 1 1910

B. G. Fox M.D.
COUNTY REGISTRAR