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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.

PLACE OF BIRTH

County of Gila

District of

Town of Globe

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index 104

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No.

Local Registrar's No. 111

(No. Yuma St; Ward)

FULL NAME OF CHILD Peter Kusianovich Jr. Born Alive YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate	Date of Birth
M				yes	May (Month) 20 (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	Peter Kusianovich	Full Maiden Name	Annie Novira
Residence	Globe,	Residence	Globe
Color or Race	Austrian	Color or Race	Austrian
Age at last Birthday	29 yrs (Years)	Age at last Birthday	23 (Years)
Birthplace	Austria.	Birthplace	Austria
Occupation	Restaurant Keeper.	Occupation	House wife.

Number of child of this mother 1. | Number of children, of this mother, now living 1 | Were Precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, May 20 1911, at 1:20 P.M.

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

(Signature) B. N. Scott
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191__

Address Globe Ariz.

Filed May 23 1911 B. G. Fox
LOCAL REGISTRAR.

728-520-151
COUNTY REGISTRAR.

Filed 6/5 1911 B. G. Fox M.D.
COUNTY REGISTRAR.