

980

RESERVED FOR
Write with Unfading Ink.—This is a Permanent Record.

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 **ARIZONA TERRITORIAL BOARD OF HEALTH**
 County of Gila **BUREAU OF VITAL STATISTICS. Ter. Index No. 105**
 District of _____ **ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 157**
 Town of _____ **Local Registrar's No. _____**
 or _____
 City of Globe (No. _____ St; _____ Ward)

FULL NAME OF CHILD Bodizo Martinovich { Born } YES
 { Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Boy</u>	Twin, Triplet or other	and	Number; in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 30</u> 19 <u>11</u> (Month) (Day) (Yr.)
Full Name <u>Filipo Martinovich</u>	FATHER		Full Maiden Name <u>Stome Martinovich</u>	MOTHER	
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)	
Birthplace <u>Montenegro</u>			Birthplace <u>Montenegro</u>		
Occupation <u>Mence</u>			Occupation _____		

Number of child of this mother. 3 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 July 30 1911, at 12 PM
 (Signature) A. K. Shaw
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____
 Address Globe

Filed Aug 2 1911 B. G. Jay
 LOCAL REGISTRAR
 Filed 8/2 1911 B. G. Jay M.D.
 COUNTY REGISTRAR

COUNTY REGISTRAR