4423

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 each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 97

Co. Register No. 226

Local Registrar's No.

FULL NAME OF CHILD Steve S. Wuicich. (No. St; Ward)

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

Born Alive YES ~~NO~~

Sex of Child Male | Twin, Triplet or other One | and | Number in order of birth | Legitimate? Yes | Date of Birth Sept. (Month) 6 (Day) 1912 (yr.)

FATHER

Full Name Sam D. Wuicich.

Residence Miami Ariz.

Color or Race Austrian Age at last Birthday 31. (Years)

Birthplace Austria

Occupation Saloon Keeper.

MOTHER

Full Maiden Name Mani Prica.

Residence Miami Ariz.

Color or Race Austrian Age at last Birthday 19. (Years)

Birthplace Austria

Occupation House wife.

Number of child of this mother 1st | 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 Sept. 6 1912, at P.M.

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

(Signature) B. W. Hardy M. D.

(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Miami Copper Co.

Filed Sept 7 1912 B. G. Fox LOCAL REGISTRAR.

268-906-1471 COUNTY REGISTRAR.

Filed Sept 10 1912 A True Copy B. G. Fox M.D. COUNTY REGISTRAR.