4424

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 98

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No.

Register No. 226

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami Ariz

or City of

(No. St.; Ward)

FULL NAME OF CHILD no name

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

Born Alive Yes

Sex of Child Female | ~~Twin, Triplet~~ or other | and Number in order of birth 2nd | Legitimate? Yes | Date of Birth Sept 7th (Month) (Day) 1912 (Year)

FATHER	MOTHER
Full Name: Mike Gosich	Full Maiden Name: Minnie Donovich
Residence: Miami Ariz	Residence: Miami Ariz
Color or Race: Montenegro; Age at last Birthday: 22 (Years)	Color or Race: Montenegro; Age at last Birthday: 19 (Years)
Birthplace: Montenegro	Birthplace: Montenegro
Occupation: Miner	Occupation: House wife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 ....., 19....., at ..... M

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

(Signature) John H Lacy MD
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19..... Filed Sept 16 1912 Address Miami Ariz

B.G. Fox
LOCAL REGISTRAR.

A TRUE COPY.

078-907-498
COUNTY REGISTRAR.

Filed Oct 5 1912

B.G. Fox MD
COUNTY REGISTRAR

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.

This is a Permanent Rec