

2333

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 920
Registered No. 109

1. PLACE OF BIRTH
County Gila State ARIZONA
Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Milo P. Durkovich { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____
4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? yes 8. Date of birth November 17, 1912
(Month, day, year)

9. Full name FATHER Peter Durkovich
10. Residence (usual place of abode) Miami, Arizona
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 42 (Years)
13. Birthplace (city or place) Zebzok
(State or country) Montenegro

18. Full maiden name MOTHER Mary Kustura
19. Residence (usual place of abode) Miami, Arizona
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 25 (Years)
22. Birthplace (city or place) _____
(State or country) Austria

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Restaurant
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I do by certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated
(Born alive or stillborn)
(When core was no attending physician or midwife then the father, householder, etc., shall make this return.)
(Signed) P. Durkovich M.D. or _____ Midwife
Address 3546 E. 1st St Los Angeles Cal
Filed Nov-3, 1934 C. M. Crow M.D. Registrar.

10M 1-3-34 MS 19982 FORM NO. 2
Sworn to before me this 5th day of October, 1934
Subscribed & sworn to before me before the undersigned Registrar, Los Angeles

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.