1187

PLACE OF BIRTH

County of Gila

District of Globe

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119

Co. Register No. 234

Local Registrar's No.

(No. Noftsger Hill St; Ward)

FULL NAME OF CHILD

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Sept (Month) 22 (Day) 191 (Yr.)

Full Name FATHER Nicholas Nicholas Raich

Full Maiden Name MOTHER Annie Kusalo

the number of each, in order of birth, sex
Midwife with each local Registrar with

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made by the person who made the ariginal)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe, Ariz County No. None St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH* Sept (Month) 22 (Day) 1913 (Year)

FULL NAME Nick or FATHER Nicholas Raich

FULL* MAIDEN NAME MOTHER Annie Kusalo

I HEREBY CERTIFY that the child described herein has been named

Nicholas (Give name in full) Raich (Surname)

Annie Raich (Parent's Signature)

Nick Raich (Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Father attended at Birth

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

598-922-126

Father is dead

598-922-126 Filed 10/5 1913

COUNTY REGISTRAR.

[illegible] W.W.

COUNTY REGISTRAR.