

1748

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of Miami
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 116
Co. Register No. 162
Local Registrar's No. _____
(No. _____ St. _____ Ward)

FULL NAME OF CHILD Epsi Lance } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child _____ Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? _____ Date of Birth 4 21 1914
(Month) (Day) (Yr.)

FATHER
Full Name Marin Lance
Residence Davis Canyon Miami
Color or Race Austrian Age at last Birthday 32 (Years)
Birthplace Austria
Occupation miner

MOTHER
Full Maiden Name Lucia Bacarich
Residence Davis Canyon Miami
Color or Race Austrian Age at last Birthday 23 (Years)
Birthplace Austria
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 4-21 1914 at 5 A M.
*When there is no attending physician or midwife, then the householder should make this return.
(Signature) John E. Bacarich
(Attending physician, midwife, householder. *)

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

835-421-328
COUNTY REGISTRAR.

Filed Apr 24 1914 B G Jay LOCAL REGISTRAR.
A True Copy Filed May 5 1914 B G Jay W K COUNTY REGISTRAR.

the number of each, in order of birth, and 5 days after birth. Check must be filed by...