

2346

the number of each, in order of birth, stated. This certificate must be filed by the Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 41

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 120

Local Registrar's No. _____

FULL NAME OF CHILD Joe Milardovich { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child Male { and } Number in order of birth 1 Legitimate? yes Date of Birth May 24 1914
(Month) (Day) (Yr.)

FATHER
Full Name Mike Milardovich
Residence Globe Ariz
Color or Race White Age at last Birth 30 (Years)
Birthplace Emotky Austria
Occupation Miner

MOTHER
Full Maiden Name Anna Valloco
Residence Globe Ariz
Color or Race White Age at last Birth 24 (Years)
Birthplace Sein Austria
Occupation Housewife

Number of child of this mother... 1 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 May 24 1914, at 12:30 P. M.
{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) P. C. Kinnse M.D.
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 191_____ Address Globe, Ariz.

148-524-156
COUNTY REGISTRAR.

Filed May 27 1914

Filed May 27 1914

B. J. Jay
LOCAL REGISTRAR.
A True Copy B. J. Jay M.D.
COUNTY REGISTRAR.