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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 each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila  
District of Globe  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH  
State Index No. 108  
Co. Register No. 174  
Local Registrar's No. \_\_\_\_\_

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

Sex of Child Female Twin, Triplet or other  and Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth June 10 1914  
(Month) (Day) (Yr.)

FATHER  
Full Name Frank Kovacevich  
Residence 267 Cuprite St  
Color or Race White Age at last Birthday 27 (Years)  
Birthplace Austria  
Occupation Miner

MOTHER  
Full Maiden Name Conia Kovalech  
Residence Same  
Color or Race White Age at last Birthday 27 (Years)  
Birthplace 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 June 10 1914, at 39 M.

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

(Signature) [Signature]  
(Attending physician, midwife, householder.\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address \_\_\_\_\_

Filed June 12 1914

B. G. Jia  
LOCAL REGISTRAR.

428-610-378  
COUNTY REGISTRAR.

Filed June 20 1914

A True Copy B. G. Jia W.D.  
COUNTY REGISTRAR.