4305

stated. This certificate must be filed by the attending Physician or ...ar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of ~~Nellie~~

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148

Co. Register No. 277

Local Registrar's No.

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Nellie S Wincich

If child 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
female	One		One	yes	Aug 27 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Sam Wincich	Full Maiden Name	Mima Price
Residence	Miami Ariz.	Residence	Miami Ariz.
Color or Race	Austrian	Color or Race	Austrian
Age at last Birthday	33 (Years)	Age at last Birthday	20 (Years)
Birthplace	Austrian	Birthplace	Austrian
Occupation	Store Keeper	Occupation	House Wife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 Aug 27 1914, at 5 A.M.

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

(Signature) T.H. Slaughter

(Attending physician, ~~midwife, householder~~*)

Given or christian name added from a supplemental report ..... 191....

Address .....

Filed Aug 30 1914 John H Loey

LOCAL REGISTRAR.

568-827-1173

COUNTY REGISTRAR.

Filed Oct 5 1914 A True Copy BY Fox MD

COUNTY REGISTRAR.