

685

Midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107
Co. Register No. 396
Local Registrar's No. _____

PLACE OF BIRTH
County of Gila
District of Globe
Town of _____
or _____
City of Globe (No. _____ St. _____ Ward _____)

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Dec 26</u> 191 <u>4</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Leuka Radovich</u>			Full Maiden Name <u>Iva Sautich</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>35</u> (Years)			Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)
Birthplace <u>Austria</u>			Birthplace <u>Austria</u>		
Occupation <u>miner</u>			Occupation <u>housewife</u>		

Number of child of this mother... 2 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 26 1914, at _____ M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Leuka Radovich
(Attending physician, midwife, householder. *)

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

Filed Dec 29 1914 B. G. Jay LOCAL REGISTRAR.
Filed Jan 5 1915 B. G. Jay COUNTY REGISTRAR.
A True Copy

296-1226-929
COUNTY REGISTRAR.