1262

PLACE OF BIRTH

County of Gila.

District of

Town of

or

City of Miami (No. St; Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118

Co. Register No. 19

Local Registrar's No.

FULL NAME OF CHILD John Sobich.

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 (Month) (Day) (Yr.)
Male	One		One	Yes	Jan. 24 1915

FATHER		MOTHER	
Full Name	Mike Sobich	Full Maiden Name	Mary Nichovich
Residence	Miami, Ariz.	Residence	Miami Ariz.
Color or Race	Austrian	Color or Race	Austrian
Age at last Birthday (Years)	25	Age at last Birthday (Years)	22
Birthplace	Austria	Birthplace	Austria
Occupation	Miner	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 Jan. 24 1915 at 2 A. M.

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

(Signature) B. W. Hardy M.D.
(Attending physician, midwife, householder.*)

Address Miami Ariz.

Given or christian name added from a supplemental report 191

Filed Jany 30th 1915

John H. Lacy
LOCAL REGISTRAR.

Filed Feb 10 1916

A True Copy

B. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.

N. B.—In case of more than one child at a birth, a certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.