N. B.—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

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 120 State Index No. 490

**ORIGINAL CERTIFICATE OF BIRTH**

Co. Register No. 131

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Jack Cupro

Born / Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

| Sex of Child | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| Male | | | 2 | Yes | February 8th 1915 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Mike Cupro | Full Maiden Name | Emma Zurick |
| Residence | Miami Ariz | Residence | Miami Ariz |
| Color or Race | White | Color or Race | White |
| Age at last Birthday (Years) | 25 | Age at last Birthday (Years) | 20 |
| Birthplace | Austria | Birthplace | Lead City S. Dakota |
| Occupation | Miner | Occupation | Housewife |

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 191, at M.

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

(Signature) C. M. Cron MD

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

Address M & I Hospital

Given or christian name added from a supplemental report 191

Filed June 30 1915

John H. Lacy Miami Ariz

LOCAL REGISTRAR

A True Copy

Filed July 5 1916

B. G. Lax

COUNTY REGISTRAR.

COUNTY REGISTRAR.