1840

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 Globe

Town of ..... or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH 127

State Index No. 496

Co. Register No. 39

Local Registrar's No. .....

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

FULL NAME OF CHILD Steve Stjepcevich

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	✓		✓	Yes	Feb 15 1915

FATHER		MOTHER	
Full Name	Sam N. Stjepcevich	Full Maiden Name	Stana Tulcevich
Residence	Banker St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	33 (Years)	Age at last Birthday	27 (Years)
Birthplace	Montenigro	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 Feb 15 1915, at 8 P M.

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

(Signature) C. T. Sturgeon
(Attending physician, ~~midwife, householder.~~*)

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

Address .....

Filed Feb 20 1916 — B. G. Fox LOCAL REGISTRAR.

Filed Mar 5 1915 — True Copy B. G. Fox COUNTY REGISTRAR.

..... COUNTY REGISTRAR.