

1241

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 1st
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **128** State Index No. _____
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 37
Local Registrar's No. _____

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

Sex of Child male } and } Number in order of birth } Legitimate? yes } Date of Birth Feb-15- 1915
Twin, Triplet or other } (Month) (Day) (Yr.)

FATHER
Full Name Pete Vavvodich
Residence Miami Ariz
Color or Race White-Austrian Age at last Birthday 27 (Years)
Birthplace Austria
Occupation Labourer

MOTHER
Full Maiden Name Taka Skokausch
Residence Miami Ariz
Color or Race white Age at last Birthday 20 (Years)
Birthplace Austria
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 10 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 _____ 1915

Address Miami Ariz
John H. Lee
LOCAL REGISTRAR.

Filed Feb 20 1915

Filed Mar 5 1915 A True Copy [Signature]
COUNTY REGISTRAR.

COUNTY REGISTRAR.