1856

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in 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

or

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

139 State Index No. 508

Co. Register No. 48

Local Registrar's No.

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

FULL NAME OF CHILD Jeffie Zunich

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.)
Female				Yes	Feb 27 1915

FATHER		MOTHER	
Full Name	Joe Zunich	Full Maiden Name	Kate Rajinovich
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	31 (Years)	Age at last Birthday	28 (Years)
Birthplace	Austria	Birthplace	Austria
Occupation	Miner	Occupation	[illegible]

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 Feb 27 1915, at 5 P M.

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

(Signature) Nelson D Brinkin

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

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

Address

Filed Feb 27 1915

John H Lacy

LOCAL REGISTRAR.

Filed Mar 5 1915

A True Copy

B. G. Fox

COUNTY REGISTRAR.

COUNTY REGISTRAR.