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N. B.—In case of more than one child at a birth, a separate Certificate must be made for each the number of each, in order of birth, stated. This certificate must be filed by the attending Physician Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Gila

District of Glen Miami

Town of

or

City of

State Index No. 94

Co. Register No. 92

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Dussie Subinsky

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
Female				yes	Apr (Month) 12 (Day) 1915 (Yr.)

FATHER		MOTHER	
Full Name	Frank Subinsky	Full Maiden Name	Pauline Goldie Weiner
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	Jewish	Color or Race	Jewiss
Age at last Birthday	25 (Years)	Age at last Birthday	19 (Years)
Birthplace	Russia	Birthplace	Russia
Occupation	Merchant	Occupation	House Wife

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 Apr-12-1915, at 3 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.*)

Address Miami Ariz.

Given or christian name added from a supplemental report 191

Filed Apr 21 1915 John H. Lane
LOCAL REGISTRAR.

728-412-769
COUNTY REGISTRAR.

Filed May 5 1915 A True Copy B. G. F. 04
COUNTY REGISTRAR.