

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **147** State Index No. **483**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **123**

PLACE OF BIRTH
 County of Gila
 District of Globe
 Town of _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

FULL NAME OF CHILD Albert Anton Bucich } Born } **YES**
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } **NO**

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth 2 } Legitimate? Yes } Date of Birth May 19 1915
 (Month) (Day) (Yr.)

FATHER
 Full Name Anton Bucich
 Residence Globe
 Color or Race White Age at last Birthday 33 (Years)
 Birthplace Pogorana, Austria
 Occupation Laborer

MOTHER
 Full Maiden Name Mary Bucich
 Residence Globe
 Color or Race White Age at last Birthday 32 (Years)
 Birthplace Pogorana, Austria
 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 May 19 1915, at 5:20 P.M.
 *When there is no attending physician or midwife, then the householder should make this return. (Signature) [Signature]
 (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 191____
 Address Miami, Arizona

Filed May 20 1915 LOCAL REGISTRAR. John B. Day
 Filed June 5 1915 COUNTY REGISTRAR. [Signature]
 A True Copy

128-519-526 COUNTY REGISTRAR.
 My Commission Expires Mar 25 1917