

1811

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.

* Name entered from Social Security record dated 2-6-37 and Affidavit of registrant (3-24-78-100)

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 109

District of Globe

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 178

Town of _____

Local Registrar's No. _____

or City of Globe

(No. _____ St; _____ Ward)

* CERTIFICATE AMENDED

FULL NAME OF CHILD

SEE NOTATION

* Chris Bravic

Born YES
Alive

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Yes Date of Birth July 7 1915
(Month) (Day) (Yr.)

FATHER
Full Name Mike Bravich
Residence Globe Ariz
Color or Race White Age at last Birthday 35 (Years)
Birthplace Lein Dermateia Austria
Occupation Miner

MOTHER
Full Maiden Name Eva Marasovich
Residence Globe, Ariz
Color or Race White Age at last Birthday 34 (Years)
Birthplace Lein Dermateia Austria
Occupation Housewife

Number of child of this mother... 6 Number of children, of this mother, now living... 4 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 July 7 1915, at 9:15 A.M.

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

(Signature) P. Kirnisch M.D.
(Attending physician, midwife, householder.)*

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

Address _____

Filed July 10 1915

B. G. Joy
LOCAL REGISTRAR.

Filed Aug 5 1915

A True Copy B. G. Joy
COUNTY REGISTRAR.

COUNTY REGISTRAR.