

2259

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 494A
Registered No. 181

1. PLACE OF BIRTH

County Lila State Arizona
Township Miami or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosanda Lazovich (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term X 7. Legitimate? X yes 8. Date of birth August 10, 1915
(Month, day, year)

9. Full name Mike Lazovich FATHER

18. Full maiden name Stane Dobriva MOTHER

10. Residence (usual place of abode) 716 Smith St.
(If non-resident, give place and State)

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(If non-resident, give place and State)

11. Color or race Caucas 12. Age at last birthday 40 (Years)

20. Color or race Cauc. 21. Age at last birthday 36 (Year)

13. Birthplace (city or place) Dalmatia, Jugoslavia
(State or country)

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(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. meat business

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Aug 10, 1915

25. Date (month and year) last engaged in this work Aug 8, 1915

17. Total time (years) spent in this work 15 yrs 26. Total time (years) spent in this work 18 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation not months or weeks 29. Cause of stillbirth not Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) C. M. Orton M.

Given name added from a supplemental report 938-810-241 (Date of)

Address 304 Live Oak St Miami Fla

Filed Aug 20 1915 C. E. Train Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.