195

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 140 State Index No. 911

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 261

Local Registrar's No. .....

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

FULL NAME OF CHILD Mike Rancich

~~Born Alive~~ YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M			4	yes	Sept 29 1915

FATHER		MOTHER	
Full Name	Antonio Rancich	Full Maiden Name	Agnes Branich
Residence	Pinal St	Residence	Pinal St
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	30	Age at last Birthday (Years)	28
Birthplace	Aust	Birthplace	Aust.
Occupation	Clerk	Occupation	Housewife

Number of child of this mother 4 | 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 Sept 29 1915, at 5 30 P.M.

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

(Signature) A L Kennedy
(Attending physician, ~~midwife, householder.~~*)

Address Globe

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

Filed Oct 4 1915 — B G Fox, LOCAL REGISTRAR.

498-929-128
COUNTY REGISTRAR.

Filed Oct 5 1915 — A True Copy B G Fox, COUNTY REGISTRAR.