

4914

REGISTRAR WITHIN 5 DAYS AFTER BIRTH OF CHILD BY THE ATTENDING PHYSICIAN OR

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yuma BUREAU OF VITAL STATISTICS 127 State Index No. 907
District of Winkelman ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 339
Town of Winkelman Local Registrar's No. 1
City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Ava Serak } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female Twin, Triplet or other None and Number in order of birth 1 Legitimate? Yes Date of Birth Dec. 4 1915
(Month) (Day) (Yr.)

FATHER
Full Name John Serak
Residence Winkelman
Color or Race White Age at last Birthday 33
(Years)
Birthplace Germany
Occupation Blacksmith

MOTHER
Full Maiden Name Rosa Labado
Residence Winkelman
Color or Race White Age at last Birthday 32
(Years)
Birthplace Austria
Occupation Housewife

Number of child of this mother 3rd 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 Dec. 4th 1915; at 12.02 PM.
(*When there is no attending physician or midwife, then the householder should make this return.) (Signature) M. G. Menden M.D.
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 1915 Address Winkelman

Filed Dec 5 1915 H. Roberts LOCAL REGISTRAR.
Filed Jan 6 1916 A True Copy J. S. Jew COUNTY REGISTRAR.
122-1204-936 COUNTY REGISTRAR.