

1550

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. **106**
 Co. Register No. **9**
 Local Registrar's No. _____

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

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Annie Parich } 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 _____ } and } Number in order of birth _____ Legiti- mate? yes Date of Birth Jan 2 1917
 (Month) (Day) (Yr.)

FATHER
 Full Name Mike Parich
 Residence Globe, Ariz.
 Color or Race White Age at last Birth day 35 (Years)
 Birthplace Sein, Austria
 Occupation Miner

MOTHER
 Full Maiden Name Maria
 Residence Globe Ariz.
 Color or Race White Age at last Birth day 28 (Years)
 Birthplace Sein, Austria
 Occupation Housewife

Number of child of this mother 5 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 the above child; and that it occurred on Jan 2 1917, at 5:30 P.M.

{ *When there is no attending physi- cian or midwife, then the householder should make this return. (Signature) Alvin Kirmse M.D. (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 191____ Address Globe, Ariz.

Filed Jan 7 1917 LOCAL REGISTRAR.
 Filed Jan 5 1917 A True Copy COUNTY REGISTRAR.

178-102-400
 COUNTY REGISTRAR.