

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 119
 Co. Register No. 22
 Local Registrar's No. _____

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

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>One</u>	and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 2</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER		MOTHER		
Full Name <u>Pete B. Martinovich</u>	Residence <u>Miami</u>	Full Maiden Name <u>Eva Chikato</u>	Residence <u>Miami</u>	
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>22</u> (Years)	
Birthplace <u>Mostar Austria</u>	Occupation <u>Butcher</u>	Birthplace <u>Austria</u>	Occupation <u>Housewife</u>	

Number of child of this mother... 2 Number of Children, of this mother, now living... 2 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 July 2 1917, at 12 P.M.

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

(Signature) Dr. Lenna Regan
 (Attending physician, midwife, householder.)*

Address Miami, Fla.
John H. Loney
 LOCAL REGISTRAR.

Filed July 7 1917 A True Copy
 Filed July 7 1917 W. J. Fox
 COUNTY REGISTRAR.

48-702-536
 COUNTY REGISTRAR.