

201

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila State Index No. 136
District of Mescal ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 891
Town of _____ Local Registrar's No. _____
or _____
City of _____ (No. _____ St. _____ Ward _____)

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

Sex of child <u>Female</u>	Twin, Triplet or other _____	and {	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>7/11</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full name <u>David Vuckorovich</u>			Full Maiden Name <u>Annie Larovich</u>		
Residence <u>Miami, Ariz</u>			Residence <u>Miami, Ariz</u>		
Color <u>white</u>	Age at last Birthday <u>33</u> (Years)	Color <u>white</u>		Age at last Birthday <u>28</u> (Years)	
Race <u>Austrian</u>		Race <u>Austrian</u>			
Birthplace <u>Austria</u>		Birthplace <u>Austria</u>			
Occupation <u>merchant</u>		Occupation <u>housewife</u>			
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 7/11 1917, at Miami, Ariz.

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

(Signature) T.H. Slaught
(Attending physician, midwife, householder.)*

Address Miami, Ariz

JOHN JOHNSON
LOCAL REGISTRAR.

Filed July 11 1917 A True Copy
Filed Aug 7 1917

58-711-136
COUNTY REGISTRAR.

D. G. Fox
COUNTY REGISTRAR.