

PLACE OF BIRTH

County of Stila
 District of _____
 Town of Miami
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186
 Co. Register No. 408
 Local Registrar's No. _____

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

Sex of Child Male Twin, Triplet or other One and } Number in order of birth } Legitimate? Yes Date of Birth Aug 25 1918
 (Month) (Day) (Yr.)

FATHER
 Full Name Steve Banotich Salatick
 Residence Buena Vista Canyon
 Color or Race White Age at last Birthday 18 (Years)
 Birthplace Austria
 Occupation Clerk in a store

MOTHER
 Full Maiden Name Vera D. Smith
 Residence Buena Vista Canyon
 Color or Race White Age at last Birthday 18 (Years)
 Birthplace Texas
 Occupation Housewife

Number of child of this mother... 1... Number of children, of this mother, now living... 1... 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 Aug 28th 1918, at 2:23 P. M.

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

(Signature) Dr. Anna Regunko
 (Attending physician, midwife, householder.*)

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

Address Miami, Fla. Box 35A

658-828-528
 COUNTY REGISTRAR.

Filed Aug 31 1918

Whitney Lacey
 LOCAL REGISTRAR.

Filed Sep 9 1918 A True Copy

B. S. Joy
 COUNTY REGISTRAR.