2154

Items - Child's name amended by affidavit of registrant and her son's birth record. 9-24-[illegible]

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 462

CERTIFICATE AMENDED SEE NOTATION

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 463

Local Registrar's No.

County of Pinal

District of

Town of

or

City of Ray (No. Ray, Arizona St; Ward)

FULL NAME OF CHILD ~~Annie Vulkas~~ Nettie Ann Vukas

Born Alive YES

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 1st | Legitimate? yes | Date of Birth Sept. 12th 1918 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Eli Vulkas	Full Maiden Name	Evica Vulkas
Residence	Ray, Ariz.	Residence	Ray, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	41 (Years)	Age at last Birthday	31 (Years)
Birthplace	Austria	Birthplace	Austria
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 7 | Number of children, of this mother, now living 5 | 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 Sept 12th 1918, at 8-a. M.

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

(Signature) Dr. W. G. Carson

(Attending physician, ~~midwife, householder~~.*)

Given or christian name added from a supplemental report 191

Address Dr. G. E. Crawford By: Dr. W. G. Carson

Filed Sept 15 1918.

LOCAL REGISTRAR.

552-912-552

COUNTY REGISTRAR.

Filed Oct 6 1918

A True Copy W. G. Kardell

COUNTY REGISTRAR.

The number of each, in order of birth stated. This certificate must be made for each, and Midwife with each local Registrar within 5 days after birth.