

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 96
Co. Register No. 433

ORIGINAL CERTIFICATE OF BIRTH

Local Registrar's No. _____

FULL NAME OF CHILD John George Gregovich (No. _____ St. _____ Ward _____)
If child is not named, make Supplemental Report or blank obtainable from local registrar. } Born YES }
Alive NO }

Sex of Child male Twin, Triplet or other No and Number in order of birth 1 Legitimate Yes Date of Birth Aug 5 1919
(Month) (Day) (Yr.)

FATHER
Full Name George Gregovich
Residence Claypool Ariz
Color or Race Austrian Age at last Birthday 39 (Years)
Birthplace Austria
Occupation Dairy man

MOTHER
Full Maiden Name Stana Brestkovich
Residence Claypool Ariz
Color or Race Austrian Age at last Birthday 36 (Years)
Birthplace Austria
Occupation House wife

Number of child of this mother 4 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 above child; and that it occurred on Aug 5 1919, at 4:30 P.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) B. G. Hady
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1919
Address Miami Ariz

179-805-2116
COUNTY REGISTRAR.

Filed Aug 10 1919 LOCAL REGISTRAR.
True Copy
Filed SEP 9 1919 COUNTY REGISTRAR.