

4548

R. A. WATKINS PRINTING CO., PHOENIX

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 133
 Co. Register No. 483
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 15 - 1919</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Joseph Medved</u>			Full Maiden Name <u>Annie Isau</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>White</u>	Age at last Birthday <u>31</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>30</u> (Years)	
Birthplace <u>Lagreb, Austria</u>			Birthplace <u>Lagreb, Austria</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		

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 the above child; and that it occurred on Sept 15 1919, at 5:00 M.

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

(Signature) W. H. D. [Signature]
 (Attending physician, midwife, householder*)
Miami Wis

Given or Christian name added from a supplemental report _____ 191____
 Address 708 Brighton

744-915-115
 COUNTY REGISTRAR.

Filed Sept 20 1919
 A True Copy
 Filed Oct 6 1919

W. H. D. [Signature]
 LOCAL REGISTRAR.
B. G. Jay
 COUNTY REGISTRAR.

CLERK OF HEALTH DEPARTMENT