

Damaged Document(s)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Gila State Index No. 209
District of _____ Co. Register No. 682
Town of Inspiration Local Registrar's No. _____
or _____
City of _____ (No. _____ St. _____ Ward)

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
<u>M</u>					<u>Nov 26</u> 191 <u>9</u> (Month) (Day) (Yr.)

FATHER			MOTHER		
Full Name	<u>Rue Stankovich</u>		Full Maiden Name	<u>Christina Radovich</u>	
Residence	<u>Inspiration</u>		Residence	<u>Inspiration</u>	
Color or Race	Age at last Birthday		Color or Race	Age at last Birthday	
<u>Montenegro</u>	<u>40</u>	(Years)	<u>White</u>	<u>35</u>	(Years)
Birthplace	<u>Montenegro</u>		Birthplace	<u>Montenegro</u>	
Occupation	<u>Miner</u>		Occupation		

Number of child of this mother 7 Number of Children, of this mother, now living 6 Was prophylaxis given against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child, and that it occurred on 11/28 1919, at 6:30 P. M.

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

(Signature) [Signature]
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 1919

Address Inspiration

Filed Dec 12 1919

128-1128-398
COUNTY REGISTRAR.

Filed Dec 19 1919

[Signature]
LOCAL REGISTRAR.
[Signature]
COUNTY REGISTRAR.