

2 180

CERTIFICATE AMENDED

SEE NOTATION ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State Index No. 203

County of Yuma

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 433

Town of Globe
or Globe
City of _____

Date of birth corrected per Bapt. Cert. 10-17-20 (8-8-75-2)
Local Registrar's No. _____
(No. _____ St. _____ Ward _____)

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

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? yes Date of Birth July 23 1920
Month Day Yr.

FATHER
Full Name Mike Milardovich
Residence Globe, Arizona
Color or Race White Age at last Birthday 38 Years
Birthplace Delmatsia Aus
Occupation Miner

MOTHER
Full Maiden Name Annie Garbrich
Residence Globe, Arizona
Color or Race White Age at last Birthday 35 Years
Birthplace Delmatsia Austria
Occupation Housewife

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 July 24 1920, at 9 ¹⁵ M.
*When there is no attending physician or midwife, then the householder should make this return.
Signature Alvin Kirmse M.D.
Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 191 Address Globe, Arizona

148-724-178
COUNTY REGISTRAR.

Filed 7/27 1920
Filed 8/10 1920 A True Copy

B.G. Tol
LOCAL REGISTRAR.
B.G. Tol
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.