

112

PLACE OF BIRTH  
 County of Gila ARIZONA STATE BOARD OF HEALTH  
 District of \_\_\_\_\_ BUREAU OF VITAL STATISTICS State Index No. 111  
 Town of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 343  
 or \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Nellie Vitkovich { Born Yes }  
 If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive ~~NO~~ }

Sex of Child 7 Twin, Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth June 10 1921  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Nick Vitkovich  
 Residence Globe, Arizona  
 Color or Race White Age at last Birthday 35 (Years)  
 Birthplace Austria  
 Occupation Labourer

MOTHER  
 Full Maiden Name Estella Vidak  
 Residence Globe, Arizona  
 Color or Race White Age at last Birthday 21 (Years)  
 Birthplace Austria  
 Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 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 June 10 1921, at 3<sup>00</sup> A.M.

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

(Signature) C.W. Adams  
 (Attending physician, ~~midwife~~, householder,\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 192\_\_\_\_\_  
558-610-552  
 COUNTY REGISTRAR.

Address \_\_\_\_\_  
 Filed June 10 1921  
 Filed July 5 1921 A True Copy

B. E. J. Taylor  
 LOCAL REGISTRAR.  
B. E. J. Taylor  
 COUNTY REGISTRAR.