

1122

In case of more than one child at birth, a separate certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH State Index No. 778
 Co. Registrar's No. 455
 Local Registrar's No. _____

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

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth _____ Legitimacy Yes Date of Birth Sept 20 1921
 Month Day Yr.

FATHER
 Full Name Joseph Medved
 Residence Mesa
 Color or Race White Age at last Birthday 32 Years
 Birthplace Austria
 Occupation Miner

MOTHER
 Full Maiden Name Hunie Kasu
 Residence Mesa
 Color or Race White Age at last Birthday 32 Years
 Birthplace Austria
 Occupation House wife

Number of child of this Mother 5 Number of Children, of this mother, now living 5 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 20 1921 at 3 P. M.

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

Signature A. J. Jotter M.D.
 Attending physician, midwife, householder.*

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

Address Mesa Ariz
B. M. Hardy M.D.
 LOCAL REGISTRAR.

144-920-11A
 COUNTY REGISTRAR.

Filed Sept 30 1921
 Filed Oct 5 1921
 A True Copy

B. E. S. a
 COUNTY REGISTRAR.