

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County of Gila State Index No. 160  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 551  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Jennie Povich { Born YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Oct 26 1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>John Povich</u>			Full Maiden Name <u>Mary Garnich</u>		
Residence <u>Globe, Arizona</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u> Age at last Birthday <u>32</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>22</u> (Years)		
Birthplace <u>Austria</u>			Birthplace <u>Austria</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child, and that it occurred on Oct 26 1921, at 2:30 P.M.

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

(Signature) Alvin Kinnear M.D.  
 (Attending physician, midwife, householder. \*)

Address Globe Arizona

Supplemental report \_\_\_\_\_ 192 \_\_\_\_\_ Filed Oct 30 1921 LOCAL REGISTRAR. D. S. Fox

178-1026-478 A True Copy Filed Nov 5 1921 COUNTY REGISTRAR. D. S. Fox