

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132  
 Co. Registrar No. 238  
 Local Registrar No. \_\_\_\_\_

or  
 City of Globe

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eva Marich

If child is not yet named, make supplemental report, as directed

3. Sex of child F. To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes. 7. Date of birth 12-29-22 (Month, day, year)

8. FATHER  
 Full name Samuel Marich  
 9. Residence (Usual place of abode) Globe, Ariz.  
 10. Color or race white  
 11. Age at last birthday 36 (Years)  
 12. Birthplace (city or place) Austria  
 13. Occupation Miner

14. MOTHER  
 Full maiden name Nellie Cisovich  
 15. Residence (Usual place of abode) Globe, Ariz.  
 16. Color or race white  
 17. Age at last birthday 42 (Years)  
 18. Birthplace (city or place) Austria  
 19. Occupation Housewife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:15 P.m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams  
 Address Globe, Ariz.

Given name added from supplemental report \_\_\_\_\_ (Month, day, year)

Filed 1-12-23 B. E. Joy Registrar.  
 Filed 1-6-23 B. E. Joy County Registrar.

Registrar.

548-1229-518