

2-1-23

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____
or Globe
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139
County Registrar No. 137
Local Registrar No. _____
St. scot 5 Ward _____

2. Full name of child Mike Shetka (If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. 242 If child is not yet named, make supplemental report, as directed.

3. Sex of Child male 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 Feb 24 1923
Month Day Year

8. FATHER
Full name Andrew Shetka

14. MOTHER
Full maiden name Katie Siscovich

9. Residence (Usual place of abode) Globe Ariz
If nonresident, give place and state

15. Residence (Usual place of abode) Globe Ariz
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 46 (Years)

16. Color or race White 17. Age at last birthday 41 (Years)

12. Birthplace (city or place) Dalmacia
(State or country) Austria

18. Birthplace (city or place) Dalmacia
(State or country) Austria

13. Occupation Miner
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 37
(b) Born alive but now dead X
(c) Stillborn none
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10:30 p.m. on the date above stated.
(For alive or stillborn)

Signature Mrs. Eliza Cochran (Physician or midwife)
Address Globe Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 3/5 1923 Local Registrar. R. G. Jay
Filed 3/6 1923 County Registrar. R. G. Jay

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.

521-224-228