

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

State Index No. 169

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 272-271

Local Registrar's No. _____

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

Sex of Child <u>M.</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes.</u>	Date of Birth <u>Apr. 25 1923</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Anton Masovich</u>			Full Maiden Name <u>Antica Zlater</u>		
Residence <u>Globe Ariz.</u>			Residence <u>Globe Ariz.</u>		
Color or Race <u>White</u>		Age at last Birthday <u>37</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>33</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 Apr. 25 1923, at 9³⁰ AM.

{ *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. _____

Address Globe Ariz.

Filed 4-30 1923

LOCAL REGISTRAR.

448-425-199

COUNTY REGISTRAR.

Filed 5-6 1923 A True Copy

COUNTY REGISTRAR.