

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma District of \_\_\_\_\_  
Town of Miami or \_\_\_\_\_  
City of \_\_\_\_\_ No. Claypool - 104 State Index No. 149  
County Registrar No. 382 Local Registrar No. \_\_\_\_\_  
Ward \_\_\_\_\_

2. Full name of child Posie Gregorich (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 5 6. Legitimate? yes 7. Date of birth June 24-1923  
Month Day Year

8. FATHER Full name <u>George Gregorich</u>	14. MOTHER Full maiden name <u>Stella Wrascorich</u>
9. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and state
10. Color or race <u>Serbian</u>	16. Color or race <u>Serbian</u>
11. Age at last birthday <u>42</u> (Years)	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>Castelastin</u> (State or country) <u>Serbia</u>	18. Birthplace (city or place) <u>Castelastin</u> (State or country) <u>Serbia</u>
13. Occupation Nature of industry <u>Dairyman</u>	19. Occupation Nature of industry <u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 11:50 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. M. Crow M.D. (Physician or midwife)  
Address Miami - Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed July 1, 1923 O. P. E. Davis Local Registrar.  
Filed 7-7, 1923 W. J. ... County Registrar.

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