

48 12

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138  
County Registrar No. 537  
Local Registrar No. \_\_\_\_\_

2. Full name of child Nick Brozovich  
(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 male To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth 1  
6. Legitimate? yes  
7. Date of birth Aug - 4 - 23  
Month day year

8. FATHER  
Full name George Brozovich  
9. Residence (Usual place of abode) Miami Ariz  
If nonresident, give place and state

14. MOTHER  
Full maiden name Julie Ruiz  
15. Residence (Usual place of abode) Miami Ariz  
If nonresident, give place and state

16. Color or race white American  
11. Age at last birthday 32 (Years)

16. Color or race white American  
17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Deliverman  
Nature of industry

19. Occupation house wife  
Nature of industry

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 3  
(b) Born alive but now dead none  
(c) Stillborn none  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated.  
(Born alive or stillborn.)

\*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 evidences of life after birth.  
Signature T. H. Slaughter M.D.  
Address Miami Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed Aug 31, 1928  
Local Registrar. P. C. Jones

Registrar. Filed 9-5-28 County Registrar. P. W. Jones

528-804-199