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MARGIN RESERVED FOR BIRTH RECORD
WRITE PLAINLY WITH UNFADING INK—THIS IS AN ORIGINAL 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

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of _____
or Marion
City of _____
No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 189
County Registrar No. 88
Local Registrar No. _____
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

2. Full name of child Sam Frank Kovick

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 Jan-27-1924
Month day year

8. FATHER Full name Marko Frank Kovick 14. MOTHER Full maiden name Melba Novakovich

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

10. Color or race White 11. Age at last birthday 26 (Years) 16. Color or race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Serbia 18. Birthplace (city or place) Serbia
(State or country) (State or country)

13. Occupation Merchant 19. Occupation House wife
Nature of industry 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 _____ at 20 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.
Given name added from a supplemental report _____
Month, day, year. _____

Signature A. J. Sotolongo
(Physician or midwife)
Address Marion Ariz
Filed Jan 31 1924
Filed 2/5 1924
Local Registrar B. E. Swin
County Registrar B. E. Swin

268-127-457