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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184

County Registrar No. 271

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of Wheatfields

Town of Miami

or

City of ..... No. Wheatfields Ranch St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vukcevich (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 March 29. 1924 (Month day year)

8. FATHER

Full name John Vukcevich

9. Residence (Usual place of abode) (Wheatfields) Miami, Ariz.

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 41 (Years)

12. Birthplace (city or place) .....

(State or country) Montenegro

13. Occupation Rancher

Nature of industry

14. MOTHER

Full maiden name Lucy Vukanovich

15. Residence (Usual place of abode) (Wheatfields) Miami Arizona

If nonresident, give place and state

16. Color or race

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) .....

(State or country) Montenegro

19. Occupation Housewife

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 4

(b) Born alive but now dead 4

(c) Stillborn 0

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 alive (Born alive or stillborn.) at 8:30 A.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 evidences of life after birth.

Signature G. T. Green (Physician or midwife)

Address Miami, Arizona

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

Registrar.

Filed April 31, 1924 Geo. E. Green Local Registrar.

Filed 5-5 1924 B.S. Fia County Registrar.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

056-329-358