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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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122
County Registrar No. 282
Local Registrar No. _____

2. Full name of child Paul Povlich No. _____ St. _____ Ward _____
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. Legitimate? yes 6. Date of birth Apr. 7- 1924
Month Day Year

8. FATHER
Full name John Povlich
9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state _____
10. Color or race Austrian
11. Age at last birthday 45 (Years)
12. Birthplace (city or place) Delmacia, Austria
(State or country) _____
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Katie Horich
15. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state _____
16. Color or race Austrian
17. Age at last birthday 37 (Years)
18. Birthplace (city or place) Delmacia, Austria
(State or country) _____
19. Occupation
Nature of industry Housewife

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 1 (c) Stillborn _____
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 at 2 1/2 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 evidence of life after birth.
Signature Byril M. Crow M.D. (Physician or midwife)
Address Miami, Arizona
Given name added from a supplemental report _____
Filed April 30, 1924 C. E. Davis Local Registrar.
Filed 5-5, 1924 B. J. Gray County Registrar.

778-407-228