

11111

PLACE OF BIRTH

1. County of Gila
District of _____
Town of _____
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129
County Registrar No. 392
Local Registrar No. _____

2. Full name of child Mitar Jurasevich 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. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 5-11-24
Month Day Year

8. FATHER
Full name Sam Mitar Jurasevich
9. Residence (Usual place of abode) Globe Arizona
If nonresident, give place and state

14. MOTHER
Full maiden name Stannie Rajenovich
15. Residence (Usual place of abode) Globe Ariz.
If nonresident, give place and state

16. Color or race White 11. Age at last birthday 42 (Years)

16. Color or race White 17. Age at last birthday 28 (Years)

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

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

13. Occupation
Nature of industry Miner

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 0
(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 born alive at 11:20 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 evidence of life after birth.

Signature C. W. Adams (Physician or midwife)
Address Globe Ariz.

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

Filed 5-15 1924 P. G. Gray Local Registrar.
Filed 6-5 1924 P. G. Gray County Registrar.

Registrar.

418-511-298

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.