

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152
 County Registrar No. 416
 Local Registrar No. _____

2. Full name of child Samuel Bogdan
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) No. _____ St. _____ Ward _____
 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 May 21 - 24
 Month Day Year

8. FATHER
 Full name Joseph Bogdan
 9. Residence (Usual place of abode) Globe Arizona
 If nonresident, give place and state
 10. Color or race White
 11. Age at last birthday 37 (Years)

14. MOTHER
 Full maiden name Mary Mandovich
 15. Residence (Usual place of abode) Globe Arizona
 If nonresident, give place and state
 16. Color or race White
 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Austria
 (State or country)
 13. Occupation
 Nature of industry Miner

18. Birthplace (city or place) 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 6 (b) Born alive but now dead 1 (c) Stillborn 2 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 (Born alive ~~stillborn~~) at 9:30 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 evidence of life after birth.
 Signature awadans (Physician or midwife)
 Address Globe Arizona

Given name added from a supplemental report _____ Month, day, year. _____ Registrar.
 Filed 5-23 1924 B.G.Joy Local Registrar.
 Filed 6-5 1924 B.G.Joy County Registrar.

225-521-448