

22117

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 Wickenburg

or

City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 314

County Registrar No. 1189

Local Registrar No. 32

2. Full name of child Pete-Sam Bardirago 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. 7 6. Legitimate? _____ 7. Date of birth 6 16 - 1924
Month day year

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

14. MOTHER
Full maiden name Mila Mmouich
15. Residence (Usual place of abode) Wickenburg
If nonresident, give place and state Arizona

10. Color or race Serbian
11. Age at last birthday 35 (Years)

16. Color or race White Serbian
Age at last birthday 33 1/4 (Years)

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

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

13. Occupation
Nature of industry miner

19. Occupation
Nature of industry miner

20. Number of children of his mother (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 1
(Taken as of time of birth of child herein certifying and including this child.) 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 at 7:15 a.m. on the date above stated.
(Born alive or stillborn.)

Signature J. A. Copeland M.D.
(Physician or midwife)
Address Wickenburg, Arizona

Filed 6/20 1924 J. A. Copeland
Local Registrar.

Filed JUN 21 1924 HARRY J. FELCH M.D.
County Registrar.

Registrar.

726-616-448