

2211

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or
City of Globe

State Index No. 146
County Registrar No. 364
Local Registrar No. _____

2. Full name of child Mary Stella Vitkovich
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child F. 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 July 19-24
Month day year

8. FATHER		14. MOTHER	
Full name <u>Dick Vitkovich</u>		Full maiden name <u>Stella Vidock</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state	
16. Color or race <u>white</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) (State or country) <u>Austria</u>		18. Birthplace (city or place) (State or country) <u>Austria</u>	
13. Occupation Nature of industry <u>Meat cutter</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 2
(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 8 A 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 evidences of life after birth.
Given name added from a supplemental report _____

Signature C. W. Adams (Physician or midwife)
Address Globe Arizona
Month, day, year. _____

Filed 5-1, 1924 _____
Filed 5-5, 1924 _____
Local Registrar _____
County Registrar _____

458-719-252