

1213

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or Globe, Ariz.

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184

County Registrar No. 668

Local Registrar No. _____

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guss Malkos Jr.

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

8-28-24

Month day year

8. FATHER
Full name Guss Malkos

9. Residence (Usual place of abode) Superior Arizona

10. Color or race

white

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Sacramento California

13. Occupation Labourer
Nature of industry Mill-man

14. MOTHER
Full maiden name Lillian Davis

15. Residence (Usual place of abode) Superior Arizona

16. Color or race

white

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) El Paso Texas

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 1
(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 1:10 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.

Signature C. W. Adams
(Physician or midwife)

Address Globe Arizona

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

Filed 8-31-24 _____
Local Registrar.

Filed 9-3-24 _____
County Registrar.

Registrar.

742-828-342

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

NO WAY RESERVED FOR BINDING