

1121

THIS IS A SEPARATE RETURN FOR EACH CHILD. 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

1. County of Gila
District of _____
Town of _____
or
City of Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard Frank Mrgudich ; 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 Nov. 10 1924
Month day year

FATHER		MOTHER	
8. Full name <u>Niel John Mrgudich</u>		14. Full maiden name <u>Emily Van Alstine</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and state.		15. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and state.	
10. Color or race <u>White</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Leeds, S. Dakota.</u> (State or country)		18. Birthplace (city or place) <u>Tucson, Arizona.</u> (State or country)	
13. Occupation <u>Meat cutter.</u> Nature of industry		19. Occupation <u>Housewife.</u> Nature of industry	

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 12:26 P.M. on the date above stated.
(Born alive or unborn.)

*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 _____
Month, day, year. _____

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

Filed 11/18/24 Local Registrar. R. E. J. O'Neil
Filed DEC 5 1924 County Registrar. R. E. J. O'Neil

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