

1155

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

1. County of Cook
District of _____
Town of Miami
or _____
City of _____ No. 98 Red Spring Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Steve Basich (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 1st 6. Legitimate? _____ 7. Date of birth Nov. 19-1924 Month day year

8. FATHER Full name <u>Steve Basich</u>		14. MOTHER Full maiden name <u>Mary Kotatorick</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state	
10. 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>39</u> (Years)
12. Birthplace (city or place) <u>Austria</u> (State or country)		15. Birthplace (city or place) <u>Austria</u> (State or country)	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>House wife</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 8
(b) Born alive but now dead 2
(c) Stillborn none

21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 12 m. on the date above stated.
(Born alive ~~conscientiously~~)

*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 R. J. Jotelsmd
(Physician or midwife)
Address Miami Ariz
Local Registrar.
County Registrar.

Filed Nov 30 1924
Filed DEC 5 1924
Registrar. BE Joz County Registrar.

228 - 1119 - 428