

21107

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

PLACE OF BIRTH  
1. County of Gila,  
District of Globe,  
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)

State Index No. 185  
County Registrar No. 999/101  
Local Registrar No. \_\_\_\_\_

2. Full name of child Anna Rosemary Trojanovich, If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 12 19 1924  
Month day year

8. FATHER Full name <u>Louis Trojanovich,</u>		14. MOTHER Full maiden name <u>Hattie Beach,</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u>	
10. Color or race <u>White,</u>	11. Age at last birthday <u>50</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>39</u> (Years)
12. Birthplace (city or place) (State or country) <u>Austria,</u>		18. Birthplace (city or place) (State or country) <u>Globe, Arizona,</u>	
13. Occupation Nature of industry <u>Carpenter</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 7 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 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 4 P. 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 Ch. E. Wightman (Physician or midwife)  
Address Globe, Ariz.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed 12-20 1924 B. G. Jay Local Registrar.  
Filed 1-5 1925 B. G. Jay County Registrar.

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