

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

State File No. 240 ✓  
 Registered No. 98

**1. PLACE OF BIRTH**

County Yuma State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1028 Prospect Ave. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Olga Frankovich (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. \_\_\_\_\_ 6. Legitimate? Yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth May 28 1925  
 Month Day Year

**8. FATHER**  
 Full name Marko Frankovich  
 9. Residence (Usual place of abode) Miami Ariz  
 If non-resident, give place and state.  
 10. Color or race White  
 11. Age at last birthday 37 (Years)  
 12. Birthplace (city or place) Serbia  
 (State or country)  
 13. Occupation Merchant  
 Nature of Industry

**14. MOTHER**  
 Full maiden name Milica Kovakovic  
 15. Residence (Usual place of abode) Miami Ariz  
 If non-resident, give place and state.  
 16. Color or race White  
 17. Age at last birthday 27 (Years)  
 18. Birthplace (city or place) Serbia  
 (State or country)  
 19. Occupation Housewife  
 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 4  
 (b) Born alive but now dead None  
 (c) Stillborn None  
 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 \_\_\_\_\_ at 10:30 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 evidence of life after birth.

Signature P. J. Tatal  
Miami Ariz  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year

Filed June 6, 1925 C. E. Dwin  
 Registrar

668-528-458

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 is.

PAPER RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PAPER RETURN must be made in order of birth stated.

JRD