ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 164

Registered No. 207

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: 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: Charles John Kosmak { 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: 8-12-25 (Month Day Year)

FATHER

8. Full name: Charles Ernest Kosmak

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Arizona

10. Color or race: White

11. Age at last birthday: 25 (Years)

12. Birthplace (city or place): New York

(State or country): N. Y.

13. Occupation: Secretary

Nature of industry:

MOTHER

14. Full maiden name: Estella Margaret Mrgudich

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Arizona

16. Color or race: White

17. Age at last birthday: 22 (Years)

18. Birthplace (city or place): Lead

(State or country): S. Dakota

19. Occupation: Housewife.

Nature of industry:

20. Number of children of this mother: 1

(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 (Born alive ~~or stillborn~~) at 2:10 P M on the date above stated

*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: C Wadkins

Globe Ariz

(Physician or ~~midwife~~)

Address:

Given name added from a supplemental report: Month, day, year

Registrar

Filed 8/31, 1925. W. W. Hurst Registrar

322-812-548

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.