

MARGIN RESERVED FOR BINDING
 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
 STANDARD CERTIFICATE OF BIRTH

State File No. 937A
 Registered No. 28

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. 242 Hackney Ave. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bessie Vuletich } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Sept 7 1925</u> Month Day Year
5. No., in order of birth.				

8. (Mike) FATHER
 Full name Mato Vuletich

14. MOTHER
 Full maiden name Janja Raguz

9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

10. Color or race White

16. Color or race White

11. Age at last birthday 40 (Years)

17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Lubina, Jugoslavia
 (State or country)

18. Birthplace (city or place) Rasna
 (State or country) Jugoslavia

13. Occupation Miner
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother... 10 } (a) Born alive and now living 7
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 3
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:30 a.m. on the date above stated.
 (Born alive or stillborn)

Signature Mary Vuletich 351 W. Mequit Wilma Japanevich
 (Physician or midwife)

Given name added from a supplemental report _____
 Address P.O. Box 1026 Globe, Ariz.
 Month, day, year 258-907-199
 Registrars Y. E. [Signature]

Filed 2/22 1925 Registrar