

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

State File No. 130
 Registered No. 297

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 Susauka Jurasicich (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 Dec. 3. 26
 Month Day Year

8. FATHER
 Full name Sam Jurasevich
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz
 10. Color or race white
 11. Age at last birthday 43 (Years)
 12. Birthplace (city or place) Jugo Slavia
 (State or country)
 13. Occupation miner
 Nature of industry

14. MOTHER
 Full maiden name Stamna Ragenovich
 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 29 (Years)
 18. Birthplace (city or place) Jugo Slavia
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 7
(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 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 at 6:27 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 C. W. Adams
Globe, Ariz.
(Physician or midwife).

Given name added from a supplemental report _____
 Address _____
 Month, day, year _____
 Filed 12-31 1925 N. N. Hunt
 Registrar _____ Registrar

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.

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