ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 148

Registered No. 86

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 Baby 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 4-14-26 (Month Day Year)

8. FATHER

Full name Claude Irvin Trojanovich

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) Globe

(State or country) Arizona

13. Occupation

Nature of industry Lumber salesman

14. MOTHER

Full maiden name Pauline Green

15 Residence (Usual place of abode) Globe Ariz.

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) New York

(State or country)

19. Occupation

Nature of industry Housewife.

20. Number of children of this mother 2

(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 1

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 ~~[illegible]~~ stillborn at 10:20 P.m. on the date above stated

(~~[illegible]~~ 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

Physician

(Physician ~~or midwife~~)

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

Address Globe, Ariz.

Filed 4-30, 1926 W Wolfort

Registrar

Registrar

038-414-775

... one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.