

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of such in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126  
County Registrar No. 737  
Local Registrar No. \_\_\_\_\_

2. Full name of child. Edith Catherine Maslovac  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(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 July 10, 1926  
Month Day Year

8. FATHER  
Full name John Krist Maslovac

14. MOTHER  
Full maiden name Minnie Beach

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

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

10. Color or race Cauc.  
11. Age at last birthday 37 (Years)

16. Color or race Cauc.  
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Boktokatar, Serbia  
(State or country)

18. Birthplace (city or place) South Bend, Indiana  
(State or country)

13. Occupation  
Nature of Industry \_\_\_\_\_

19. Occupation  
Nature of Industry Housewife

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 6  
(b) Born alive but now dead 1  
(c) Stillborn \_\_\_\_\_

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 at 1 A. 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 Beryl M. Crow M.D.  
Address Miami, Arizona  
(Physician or midwife)

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

Filed Aug 3, 1926  
Local Registrar, \_\_\_\_\_

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar, \_\_\_\_\_

549-710-488