

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

### 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. 171  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 758

2. Full name of child David Jotovich  
(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 July 29 1926  
Month Day Year

8. FATHER  
 Full name John Jotovich  
 9. Residence (Usual place of abode) miami, Arizona  
 If non-resident, give place and state.  
 10. Color or race White  
 11. Age at last birthday 29 (Years)  
 12. Birthplace (city or place) Berbin  
(State or country)  
 13. Occupation miner, Copper  
 Nature of Industry

14. MOTHER  
 Full maiden name Dorothy Andrich  
 15. Residence (Usual place of abode) miami, Arizona  
 If non-resident, give place and state.  
 16. Color or race White  
 17. Age at last birthday 20 (Years)  
 18. Birthplace (city or place) Berbin  
(State or country)  
 19. Occupation Housewife  
 Nature of Industry

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 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 alive at 3:50 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 J. J. Truitt (Physician or midwife)  
 Address miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed Aug 7 1926 \_\_\_\_\_  
Month, day, year Local Registrar  
 \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
 Registrar \_\_\_\_\_ County Registrar.

418-729-418