

RECORDS SECTION, ARIZONA STATE BOARD OF HEALTH, PHOENIX, ARIZONA

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 191

District of _____

Town of miami

County Registrar No. 905

or

City of _____

No. miami - Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eva Kentera

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? Yes

7. Date of birth Oct 24 1926
Month Day Year

female

5. No. in order of birth _____

8. FATHER
Full name Mark Kentera

14. MOTHER
Full maiden name Staney Mitrovich

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

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

10. Color or race White

11. Age at last birthday 32 (Years)

16. Color or race White

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Bervia
(State or country)

18. Birthplace (city or place) New York
(State or country) New York

13. Occupation Restaurant Proprietor
Nature of industry

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 7:30 P 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. Miller
(Physician or midwife)

Address Miami, Arizona

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

Filed Nov 11, 1926 R. B. Dixon
Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

521-1024-248