

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

State File No. 119
 Registered No. 355

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami 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 Matt Joseph Lubich { 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 August 11 1928
 Month Day Year

8. FATHER
 Full name Vlko Lubich

14. MOTHER
 Full maiden name Dorothy Clark

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 33 (Years)

16. Color or race White 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) _____
 (State or country) Austria

18. Birthplace (city or place) _____
 (State or country) Arizona

13. Occupation Miner
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother: (a) Born alive and now living 1
 (Taken as of time of birth of child herein certified and including this child): (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 6:15 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. Miller

(Physician or midwife)

Given name added from _____ Address Miami, Arizona
 a supplemental report. Month, day, year

Filed Aug 17, 1928 L. E. Irons
 Registrar. Registrar.

438-811-432

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.
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO.
 IN ALL OBSERVED FOR BINDING