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NFADING INK—THIS IS A PE
SEPARATE RETURN must be m
order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 189 V

Registered No. 439

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 911 Smith St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Louis Carevich — 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 Oct 25 1928 (Month Day Year)

8. FATHER

Full name Louis Carevich

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 34 (Years)

12. Birthplace (city or place) .....

(State or country) Austria

13. Occupation Proprietor Meat Market

Nature of industry

14. MOTHER

Full maiden name Christina Mitrovich

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 28 (Years)

18. Birthplace (city or place) .....

(State or country) Austria

19. Occupation Housewife

Nature of industry

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 2

(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 10:22 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 F. F. Miller

M.D.

(Physician ~~or midwife~~).

Given name added from a supplemental report ..... Address Miami, Arizona

Month, day, year

Filed Nov 1, 1928 C. E. Irvin

Registrar. Registrar.

138-1025-348