

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁴⁹ 492

Registered No.

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 Eva Kentera 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Nov 8 1928
 Month Day Year

8. FATHER
 Full name Mark Kentera

14. MOTHER
 Full maiden name Stany 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 34 (Years)

16. Color or race white
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Jugo Slavia
 (State or country)

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

13. Occupation Table waiter
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 2 } (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 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 alive at 2:30 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. Muller

 (Physician or midwife) _____

Given name added from _____ Address Miami, Arizona
 a supplemental report. Month, day, year _____
 Filed Dec 3 28 1928 Registrar C. E. Jones

21-1106-212