

A separate return must be made for each, and the number of each in order of birth entered.

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

State File No. 164
Registered No. 118

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nick Haydukovich (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. Legitimate? yes 7. Date of birth June 24, 1929
Month Day Year

8. FATHER
Full name Dan Haydukovich
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

14. MOTHER
Full maiden name Mildred Mandurich
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race white
11. Age at last birthday 35 (Years)

16. Color or race white
17. Age at last birthday 39 (Years)

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

18. Birthplace (city or place) (State or country) Jugo-Slavia

13. Occupation (Nature of industry) miner

19. Occupation (Nature of industry) Housewife

20. Number of children of this mother 9 (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 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 born alive at 10:30 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 T. S. Harper (Physician or midwife)
Address Globe, Arizona

Given name added from a supplemental report _____ Month, day, year _____
Registrar W. E. Wightman, Jr. Registrar

583-624-448