

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

20421
 State File No. 362
 Registered No. 362

PLACE OF BIRTH

County _____ State _____
 District or Township _____ or Village _____

Street No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 Full name of child Nicola Soko II { If child is not yet named, make supplemental report, as directed.

Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth 7 30 29
 5. No., in order of birth _____ Month Day Year

FATHER
 1. Name Nicola Soko
 2. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

Color or race W. 11. Age at last birthday 34 (Years)

Birthplace (city or place) Austria
 (State or country)

Occupation Wagonman
 Nature of Industry

MOTHER
 14. Full maiden name Mollie Clark
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

Color or race W. 17. Age at last birthday 17 (Years)

Birthplace (city or place) Arizona
 (State or country)

Occupation H.W.
 Nature of Industry

Number of children of this mother _____ (a) Born alive and now living _____
 Sex and age of time of birth of child herein recorded and including this child. (b) Born alive but now dead _____
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 P. m. on the date above stated.
 (Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, or other person in charge of the household should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature C. F. Perkins
 (Physician or Midwife).

Name added from supplemental report _____ Address _____
 Month, day, year _____
 Registrar _____ Filled Aug 10, 1929 Lois E. Jones Registrar

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