

IF 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.

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

State File No. 144
Registered No. 169

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____
City Globe or Village _____

2. Full name of child

Frank Novak Jr.
No. Gila County Hosp. St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child

M.

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 9-10-29
Month Day Year

If child is not yet named, make supplemental report, as directed.

8. FATHER

Full name Frank Novak

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

10. Color or race

White

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Pueblo
(State or country) Colorado

13. Occupation
Nature of Industry Laborer.

14. MOTHER

Full maiden name Ida Javonek

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

16. Color or race

White

17. Age at last birthday 15 (Years)

18. Birthplace (city or place) Canyon City
(State or country) Colorado

19. Occupation
Nature of Industry Handwiper.

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1
(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 born alive at 9:30 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 C.W. Adams

Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address Globe, Ariz.

Filed 10/17 1929 H.E. Dighton
Registrar

Registrar
652-910-912