

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

State File No. _____
 Registered No. 231

135

1. PLACE OF BIRTH

County Gila State Ariz
 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 Mitchell Gregovich { 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 Dec. 9, 1929
 Month Day Year

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

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

10. Color or race white 11. Age at last birthday 26 (Years)

16. Color or race white 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Jugoslavia
(State or country)

18. Birthplace (city or place) Globe Ariz
(State or country)

13. Occupation Restaurant
 Nature of industry Proprietor

19. Occupation Housewife
 Nature of industry _____

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 10:30 A.M. on the date above stated.
(Born alive or stillborn.)

Signature T. C. Harper

(Physician or Midwife).

Given name added from a supplemental report _____
 Address Globe, Arizona

Filed 1/7 1930 S. E. Wightman
 Registrar

478-1209-418

order of birth _____