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

State File No. 151
Registered No. 79

1. PLACE OF BIRTH
County: Gila
State: Arizona
District or Township:
~~or Village~~: Red Cross Hospital
City: Globe
No. 280 Santee St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

2. Full name of child: Mike Babich
{ 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: Apr. 12, 1927 (Month Day Year)

8. FATHER
Full name: John Babich
9. Residence (Usual place of abode): Globe, Ariz
If non-resident, give place and state.
10. Color or race: Austrian
11. Age at last birthday: 27 (Years)
12. Birthplace (city or place): Austria
(State or country)
13. Occupation: Miner
Nature of industry

14. MOTHER
Full maiden name: Margrit Aguna
15 Residence (Usual place of abode): Globe, Ariz
If non-resident, give place and state.
16 Color or race: Polish
17. Age at last birthday: 21 (Years)
18. Birthplace (city or place): Poland
(State or country)
19. Occupation: Housewife
Nature of industry

20. Number of children of this mother: one
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living: one
(b) Born alive but now dead:
(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 (Born alive or stillborn.) at 5 P. m. on the date above stated

* 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: G. Burt Madsen
Physician (Physician or midwife).
Address: Globe, Ariz.

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

Filed 4-30, 1927 W. W. Horst
Registrar

408-412-441

If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in each in order of birth stated.