

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made
 by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 172a

Place of Birth Miami, Arizona County Dila No. 142 Gleason St. St.

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH*	August	21	1927		
	(Month)	(Day)	(Year)		
FULL* NAME	FATHER				
	<u>Leo John Saban</u>				
FULL* MAIDEN NAME	MOTHER				
	<u>Mildred Markeshevich</u>				

I HEREBY CERTIFY that the child described herein
 has been named

Dan Saban
 (Give name in full) (Surname)

Mrs. Mildred Saban
 (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43—S.P.Co.

425-821-448