

# ARIZONA STATE BOARD OF HEALTH

AGE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. 134

Registered No. 132

## STANDARD CERTIFICATE OF BIRTH

County Gila State ARIZONA

Township Globe or Village \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed

Full name of child Ruby Sankovich

Sex male If plural births \_\_\_\_\_ 4. Twin, triplets, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature yes Full term \_\_\_\_\_ 7. Is mother yes married? \_\_\_\_\_ 8. Date of birth Aug. 7, 1936 (Month, day, year)

FATHER  
 Name Dave Sankovich  
 Residence (usual place of abode) Globe, Arizona  
 non-resident, give place and State \_\_\_\_\_  
 Color or race white 12. Age at last birthday 41 (Years)

MOTHER  
 Full maiden name Dolly Angus  
 Residence (usual place of abode) Globe, Arizona  
 (If non-resident, give place and State) \_\_\_\_\_  
 Color or race white 21. Age at last birthday 26 (Years)

Birthplace (city or place) Serbia  
 (State or Country)

22. Birthplace (city or place) Serbia  
 (State or Country)

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant owner  
 Industry or business in which work was done, as silk mill, sawmill, bank, etc. Restaurant

OCCUPATION  
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

Date (month and year) last engaged in this work Aug. 7, 1936 17. Total time (years) spent in this work 8 yrs.

25. Date (month and year) last engaged in this work Aug. 7, 1936 26. Total time (years) spent in this work 10 yrs.

Number of children of this mother of this birth and including this child (a) Born alive and now living Two (b) Born alive but now dead one (c) Stillborn none

stillborn, period of gestation 4 months or weeks 29. Cause of stillbirth \_\_\_\_\_ During labor \_\_\_\_\_ Before labor 2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 p. m. on the date above stated (Born alive or stillborn)

there was no attending physician wife, then the father, householder, could make this return. (Signed) T.C. Harper, M. D.

Time added from mental report 928-807-412 (Date of) \_\_\_\_\_ or Globe, Arizona, Midwife

Address \_\_\_\_\_ Filled Nov 3, 1936 G. H. Manning Registrar

Registrar.