MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of 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. 96

Registered No. 71

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. Gila General Hosp. St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Sabin

(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 Aug-25-1933 (Month Day Year)

8. FATHER

Full name Lea Sabin

9. Residence (Usual place of abode) 142 Gleason St.

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

10. Color or race White | 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) _____ (State or country) Serbia

13. Occupation Nature of Industry Laborer

14. MOTHER

Full maiden name Mildred Markovich

15. Residence (Usual place of abode) 142 Gleason St.

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

16. Color or race White | 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) _____ (State or country) Serbia

19. Occupation Nature of Industry Housewife

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still born 7 at 7 months 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 L. E. Wightman Mgr

(Physician or Midwife)

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

Address Globe Ariz

025-825-4118

Registrar

Filed 9/6, 1933 L. E. Wightman

Registrar