

9771

MADE 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

PLACE OF BIRTH  
 1. County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or Miami  
 City of \_\_\_\_\_  
 No. Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126  
 County Registrar No. 661  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Milo Sabu { 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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Oct-7-1923  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER  
 Full name Johm Sabu

14. MOTHER  
 Full maiden name Mary Barick

9. Residence (Usual place of abode) Miami Ariz  
 If nonresident, give place and state

15. Residence (Usual place of abode) Miami Ariz  
 If nonresident, give place and state

10. Color or race White 11. Age at last birthday 49 (Years)

16. Color or race White 17. Age at last birthday 35 (Years)

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

18. Birthplace (city or place) Montenegro  
 (State or country)

13. Occupation Miner  
 Nature of industry

19. Occupation House wife  
 Nature of industry

20. Number of children of this mother (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 2  
 (c) Stillborn None

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 ~~or stillborn~~.) at 9:30 a.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 P. J. Hodel M.D.  
 Address Miami Ariz

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. Filed Oct 31 1923 \_\_\_\_\_ Local Registrar.  
 Filed 11-6 1923 \_\_\_\_\_ County Registrar.

Registrar.

County Registrar.

425-1007-426