

SUPPLEMENT ATTACHED

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

State File No. 123
Registered No. 109

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami Ineb Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Doris Popovich { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 Mar. 10-1928
Month Day Year

8. FATHER
Full name Sam Steve Popovich
9. Residence (Usual place of abode) 320 Pinal St Globe, Arizona
If non-resident, give place and state. P.O. Box

10. Color or race Cauc. 11. Age at last birthday 33 (Years)

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

13. Occupation Miner
Nature of industry Mining

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 1
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Mildred Saban
15. Residence (Usual place of abode) 320 Pinal St Globe, Arizona
If non-resident, give place and state.

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

18. Birthplace (city or place) Pittsburg, Pa.
(State or country)

19. Occupation Housewife
Nature of industry

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 at 10 A. 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 Leyla M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Mar 15 28 Registrar L. E. Dorn

Registrar

478-310-425