

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. 137  
33  
 Registered No. 33

**1. PLACE OF BIRTH**  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 716 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
**2. Full name of child** Helen Saban { 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.** \_\_\_\_\_ **6. Legitimate?** yes  
**5. No. in order of birth** \_\_\_\_\_ **7. Date of birth** Jan. 11-1929  
Month Day Year

**8. FATHER**  
 Full name John Saban  
**9. Residence** (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
**10. Color or race** Cauc.  
**11. Age at last birthday** 55 (Years)  
**12. Birthplace** (city or place) Subotin, Montenegro  
(State or country)  
**13. Occupation**  
 Nature of industry Miner

**14. MOTHER**  
 Full maiden name Mary Burich  
**15. Residence** (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
**16. Color or race** Cauc.  
**17. Age at last birthday** 41 (Years)  
**18. Birthplace** (city or place) Horitzka Arna Hora, Montenegro  
(State or country)  
**19. Occupation**  
 Nature of industry Housewife

**20. Number of children of this mother** 7  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 7  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_  
**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 7:30 P. m. on the date above stated.  
(Born alive or stillborn.)  
 Signature Beryl M. Brown, D.O.  
Physician (Physician or midwife).  
 Address Miami, Arizona  
 Filled Feb 1, 1929 R. E. Drinn  
Registrar

\* 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.  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 8-25-11-40  
Registrar