

THIS IS A PERMANENT RECORD
RETURN must be made for each, and the number of each in
is stated.

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

229
State File No. 467
Registered No.

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 67 Chisholm Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Zorka 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 _____ 5. Legitimate? yes 6. Date of birth Aug. 28 - 1929
Month Day Year

8. FATHER
Full name John Leo Saban
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Melica Markialovich
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Monte Negro
(State or country)

18. Birthplace (city or place) Monte Negro
(State or country)

13. Occupation
Nature of Industry Restaurant Prop.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(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 2:30 P. 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 Cyril M. Brown M.D.
Physician
(Physician or midwife)

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

Registrar _____
Filled Oct 12, 1929 G. E. Dorn
Registrar

925-828-448