

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

State File No. 139
 Registered No. 139

1. PLACE OF BIRTH

County Esila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frances Carmen Daou
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No. in order of birth.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>10-26-31</u> Month Day Year
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8. FATHER
 Full name Jony Joseph Daou
 9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 10. Color or race Syrian
 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) Syria
 (State or country)
 13. Occupation Merchant
 Nature of Industry

14. MOTHER
 Full maiden name Marianne Gundagoshi
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) Trinidad Colo.
 (State or country)
 19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15A 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 T. C. Harper
Physician
(Physician or midwife.)

Given name added from a supplemental report _____
 Address Globe, Arizona
 Filed 11/7 1931 H. E. W. [Signature]
 Registrar 645-1026-479 Registrar

MARGIN RESERVED FOR BENDING
 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.