MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 102

Registered No. V69

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Aboud { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? Yes. | 7. Date of birth 7-22-32 (Month Day Year)

8. FATHER

Full name Henry E Aboud

9. Residence (Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race American | 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Acoria

(State or country)

13. Occupation Nature of industry Blow Keeper

14. MOTHER

Full maiden name Isabel Moreno

15. Residence (Usual place of abode) Miami

If non-resident, give place and state.

16. Color or race Mex | 17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Mex

(State or country)

19. Occupation Nature of industry H Wife

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 4

(b) Born alive but now dead 3

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 5 P. 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 C. K. Perkins

(Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address Miami

Filed July 27 1932, C. E. Orme Registrar

Registrar

714-0722-846