ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 121

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. 511 Live Oak St. St. Ward

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

2. Full name of child Joan Pauline Nasser (If child is not yet named, make supplemental report, as directed)

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate Yes

8. Date of birth Dec. 20, 1933. (Month, day, year)

FATHER

9. Full name Fadlallah A. Nasser

10. Residence (usual place of abode) (If nonresident, give place and State) Miami, Arizona.

11. Color or race Cauc 12. Age at last birthday 57 (Years)

13. Birthplace (city or place) Chewier, (State or country) Syria.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Salina Francies

19. Residence (usual place of abode) (If nonresident, give place and State) Miami, Arizona.

20. Color or race Cauc 21. Age at last birthday 37 (Years)

22. Birthplace (city or place) Chewier, (State or country) Syria.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5/15A m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Cyril M. Crow, M.D. or Midwife

Address Miami, Arizona.

Given name added from a supplemental report (Date of)

Registrar

Filed Jan. 1, 1934. C. M. Crow Registrar

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.

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