

2591

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of \_\_\_\_\_  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

State Index No. \_\_\_\_\_  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 203

2. Full name of child Margaret Rais } If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_  
5. No., in order of birth 5 7. Date of birth Feb 16 1905  
Month day year

8. FATHER Full name <u>Joe W Rais</u>		14. MOTHER Full maiden name <u>Regina Karakee</u>	
9. Residence (Usual place of abode) <u>N Broad St</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>N Broad</u> If nonresident, give place and state	
10. Color or race <u>W</u>	11. Age at last birthday <u>56</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>50</u> (Years)
12. Birthplace (city or place) <u>Syria</u> (State or country)		18. Birthplace (city or place) <u>Syria</u> (State or country)	
13. Occupation Nature of industry <u>Merchant</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (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 6  
(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 12 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 evidences of life after birth.

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

Signature R D Kennedy (Physician or midwife)  
Address \_\_\_\_\_  
Filed 8-18, 1925 M. N. Novak M.D. Local Registrar.  
Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.