4393

Write Plainly, with Fading 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 birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local registrar with 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 68

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

Register No. 160

(No. St.; Ward)

FULL NAME OF CHILD Olga Zahry

If child is not named, make Supplemental report on blank obtainable from local registrar.

Born Alive Yes

Sex of Child Female | ~~Twin, Triplet~~ or other | and Number in order of birth 2 | Legitimate? Yes | Date of Birth Aug 1st (Month) (Day) 1911 (Year)

FATHER		MOTHER	
Full Name	John Zahry	Full Maiden Name	Lilly Ramash
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	Syrian	Color or Race	Syrian
Age at last Birthday	38 (Years)	Age at last Birthday	34 (Years)
Birthplace	Syria	Birthplace	Syria
Occupation	Merchant	Occupation	Housewife

Number of child of this mother | Number of children, of this mother, now living | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 1st, 1911, at 3 P M

*When there is no attending physician or midwife, then the householder must make this return.

(Signature) John H Lacy MD

(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 19

Filed Aug 5 1911

Address Miami Ariz

B. G. Fox

LOCAL REGISTRAR.

~~A TRUE COPY.~~

698-801-[illegible]

COUNTY REGISTRAR.

Filed 9/5 10

B. G. Fox MD

COUNTY REGISTRAR