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number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Globe
District of Globe
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 102

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 204
Local Registrar's No. _____

FULL NAME OF CHILD Jibran Naphan } Born } YES
} Alive } NO

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

Sex of Child M } and } Number in order of birth 6 Legitimate? yes Date of Birth Oct 10 1912
(Month) (Day) (Yr.)

FATHER
Full Name Peter Naphan
Residence N. Broad
Color or Race Syrian Age at last Birthday 34 (Years)
Birthplace Syria
Occupation Merchant

MOTHER
Full Maiden Name Mary Saccar
Residence N Broad
Color or Race Syrian Age at last Birthday 32 (Years)
Birthplace Syria
Occupation Housewife

Number of child of this mother 6 Number of children, of this mother, now living 6 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 10 1912, at P.M.

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

(Signature) R. J. Kennedy
(Attending physician, midwife, householder.)

Given or christian name added from a

Address Globe

supplemental report _____ 1912

Filed Oct 15 1912

B. G. Jay
LOCAL REGISTRAR.

155-1010-429
COUNTY REGISTRAR.

Filed Nov 5 1912

A True Copy B. G. Jay
COUNTY REGISTRAR.