

12 15

one 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

ARIZONA STATE BOARD OF HEALTH

County of Yuma

BUREAU OF VITAL STATISTICS

State Index No. 112

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 192

Town of Yuma

Local Registrar's No. _____

City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Katherine Kassar } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female } and } Number in order of birth _____ } Legitimate? yes } Date of Birth 7-12-1915
(Month) (Day) (Yr.)

FATHER
Full Name Vincent Kassar
Residence Miami Ariz
Color or Race Austrian Age at last Birthday 36
white (Years)
Birthplace Austria
Occupation Groceryman

MOTHER
Full Maiden Name Luey Marciovich
Residence Miami Ariz
Color or Race white Age at last Birthday 26
Austrian (Years)
Birthplace Austria
Occupation Housewife

Number of child of this mother 4 Number of children, of this mother, now living 2 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 July 12 1915, at 4 P M.

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

(Signature) V.H. Slaughter
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 191_____

Address Miami Ariz

Filed July 16 1915

John H. Tracy
LOCAL REGISTRAR

Filed July 17 1915

A True Copy B.G. Fox
COUNTY REGISTRAR

COUNTY REGISTRAR.