

186

MARGIN RESERVED FOR BINDING

Write Plainly with Unfading Ink.—This is a permanent Record.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the 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 Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 131 State Index No. 90a

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. \_\_\_\_\_

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

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ } and } Number in order of birth 1 Legiti- mate? Yes Date of Birth July 11 1917  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Selin Sawoia  
 Residence Miami  
 Color or Race White Age at last Birthday 36 (Years)  
 Birthplace Shwir, Lebanon, Syria  
 Occupation Merchant

MOTHER  
 Full Maiden Name Genevive Saab  
 Residence Miami  
 Color or Race White Age at last Birthday 23 (Years)  
 Birthplace Shwir, Lebanon, Syria  
 Occupation Housewife

Number of child of this mother... 1 Number of Children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on July 11 1917 at 10 P.M.

{ \*When there is no attending physi- cian or midwife, then th. householder should make this return.

(Signature) John B. Laey  
 (Attending physician, midwife, householder. \*)

Given or Christian name added from a supplemental report... 191...

Address Miami

Filed July 1 1917

John B. Laey  
 LOCAL REGISTRAR.

521-711-722  
 COUNTY REGISTRAR.

Filed July 6 1917

True Copy  
B. J. ...  
 COUNTY REGISTRAR.