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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

148

State File No. 683A

Registered No. 259

Arizona

PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. Miami Ave St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Mary Joseph Abraham (If child is not yet named, make supplemental report, as directed)

Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug. 7, 1917 (Month, day, year)

FATHER		MOTHER	
Full name	Joseph Abraham	18. Full maiden name	Bebe Nasser
Residence (usual place of abode) (If non-resident, give place and State)	Miami, Ariz	19. Residence (usual place of abode) (If non-resident, give place and State)	Miami Ariz
Color or race	White	20. Color or race	White
12. Age at last birthday	21 (Years)	21. Age at last birthday	30 (Years)
Birthplace (city or place) (State or country)	Syria	22. Birthplace (city or place) (State or country)	Syria
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Dry goods	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	–
16. Date (month and year) last engaged in this work	7, 19	25. Date (month and year) last engaged in this work	, 19
17. Total time (years) spent in this work	7	26. Total time (years) spent in this work	–

Number of children of this mother (at time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn None

If stillborn, period of gestation ____ months or weeks | 29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. L. Sotel, M. D.

or ____, Midwife

Address 234 N. Main St. Los Angeles

Filed Jan 11, 1933 C. E. Irvine Cal Registrar.

Son name added from supplemental report 414-807-259 (Date of)

Registrar.