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R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

Co. Register No. 535

Local Registrar's No. _____

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

Sex of Child Female { Twin, Triplet or other } and { Number in order of birth } Legiti- mate? Y Date of Birth Oct-3-1919
 (Month) (Day) (Yr.)

FATHER
 Full Name Boulos Abanador
 Residence Miami Ariz.
 Color or Race Syrian Age at last Birthday 42 (Years)
 Birthplace Baskinta Lebanon Syria
 Occupation Merchant

MOTHER
 Full Maiden Name Adma Karam
 Residence Miami Ariz.
 Color or Race Syrian Age at last Birthday 29 (Years)
 Birthplace Baskinta Lebanon Syria
 Occupation Housewife

Number of child of this mother 5 Number of Children, of this mother, now living 5 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct-3-1919, at 4 AM.

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

(Signature) T.H. Slaughter
 (Attending physician, midwife, householder.*)

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

Address Filed Oct 5 1919

319-1003-124
 COUNTY REGISTRAR.

A True Copy Filed Nov 7 1919

W. O. Grayton
 LOCAL REGISTRAR.
B. G. Fox
 COUNTY REGISTRAR.