

PLACE OF BIRTH

County of Pima  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Miami (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS

R. A. WATKINS PRINTING CO., PHOENIX

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 207  
 Co. Register No. 662  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Lucile Kassar

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } NO  
 Alive } YES

Sex of child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Nov-27-1919</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Vincent Kassar</u>			Full Maiden Name <u>Lucile Marcusovick</u>		
Residence <u>Miami Ariz</u>			Residence <u>Miami Ariz</u>		
Color or Race <u>White</u>	Age at last Birthday <u>40</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>30</u> (Years)		
Birthplace <u>Austria</u>			Birthplace <u>Austria</u>		
Occupation <u>Merchant</u>			Occupation <u>Housewife</u>		
Number of child this mother <u>4</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov-27-1919, at 11 P.M.

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

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

Denominational or Christian name added from a \_\_\_\_\_

Supplemental report \_\_\_\_\_ 191\_\_\_\_  
 Filed Dec 2 1919

29-1127-348  
 COUNTY REGISTRAR.

A True Copy  
 Filed 11/30 1919

W.B. Brynston  
 LOCAL REGISTRAR.  
B.E.J. of  
 COUNTY REGISTRAR.