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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Gila State Index No. _____
District of _____ Co. Registrar's No. _____
Town of _____ or _____ Local Registrar's No. _____
City of Globe (No. Euclid St. St. _____ V _____)

FULL NAME OF CHILD _____
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } Y }
Alive } N }

Sex of Child	F	Twin, Triplet or other	}	and	Number in order of birth	1	Legitimate?	Y	Date of Birth	Jan	9	Month	Day
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Full Name <u>Joe Assyd</u> Residence <u>Globe Ariz</u> Color or Race <u>W. (Syrian)</u> Age at last Birthday <u>19</u> Years Birthplace <u>El Paso Tex</u> Occupation <u>Fruit Vendor</u>	Full Maiden Name <u>Martha Gieda</u> Residence <u>Globe Ariz</u> Color or Race <u>W. (Syrian)</u> Age at last Birthday <u>16</u> Years Birthplace <u>Douglas Ariz</u> Occupation <u>Homemaker</u>
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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 Jan 9 1914 at 4 P M.

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

Signature W. H. Horstman
Attending _____ wife, householder.*

Given or Christian name added from a _____ Ad _____
supplemental report _____ 1914 Filed Jan 14 1914
014-109-495 COUNTY REGISTRAR. Filed Feb 5 A Tra 1914