

the number of each, in order of birth, stated. This certificate must be filed of the attending Physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 157

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

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 174
 Local Registrar's No. _____

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

Sex of Child	Female	Twin, Triplet or other	and	Number in order of birth	1	Legitimate	yes	Date of Birth	2 - 17 - 1920
								Month	Day Yr.

FATHER
 Full Name Ruben Landau
 Residence Miami Ariz
 Color or Race white Age at last Birthday 31 Years
 Birthplace Romania
 Occupation merchant

MOTHER
 Full Maiden Name Maria Soufrin
 Residence Miami Ariz
 Color or Race white Age at last Birthday 24 Years
 Birthplace Romania
 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 2/17/1920 at 2 A.M.

*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 Miami Ariz

234-217-424
 COUNTY REGISTRAR.

Filed 2/28/1920

T.H. Slaughter
 LOCAL REGISTRAR.

A True Copy
 Filed Mar 6 1920

R. J. Jay
 COUNTY REGISTRAR.