

the number of children born to the mother must be filed by the attending Physician or midwife with each local Registrar within 5 days of birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 41

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 217
Local Registrar's No. _____

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

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

| | | | | | |
|--------------------------|------------------------------|-----|--------------------------------|-----------------------|--------------------------------------|
| Sex of Child <u>Male</u> | Twin, Triplet or other _____ | and | Number in order of birth _____ | Legs in feet <u>5</u> | Date of Birth <u>April 12 - 1920</u> |
| | | | | Month | Day Yr. |

| | |
|---|---|
| Full Name <u>FATHER</u> <u>Selim Sawais</u> | Full Maiden Name <u>MOTHER</u> <u>Genevive Saab</u> |
| Residence <u>Miami</u> | Residence <u>Miami</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>24</u> Years |
| Birthplace <u>Lebanon, Syria</u> | Birthplace <u>Lebanon, Syria</u> |
| Occupation <u>Merchant</u> | Occupation <u>Housewife</u> |

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 April 12, 1920 at 6 P.M.

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

Signature E. J. Dotal, M.D.
 Attending physician, midwife, householder.*

Address Miami, Fla.
7th Street

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

721-412-722 COUNTY REGISTRAR.

Filed 4/30/20 1920
 Filed May 5/20 1920

A True Copy
B. G. S. J. O. A.
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.