9177

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156
Co. Register No. 744
Local Registrar's No.

PLACE OF BIRTH

County of Gila
District of
Town of Miami
or
City of

(No. St; Ward)

FULL NAME OF CHILD Merced Aboud

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child Male | Twin, Triplet or other One | and | Number in order of birth | Legitimate? Yes | Date of Birth Dec (Month) 11th (Day) 1920 (Yr.)

FATHER

Full Name H. E. Aboud
Residence 132 Gibson St.
Color or Race Syrian
Age at last Birthday 26 (Years)
Birthplace Syria
Occupation Storekeeper

MOTHER

Full Maiden Name Ezabel Moreno
Residence Gibson St. 132
Color or Race Mexican
Age at last Birthday 22 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 11th 1920, at 10 P.M.

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

(Signature) Dr. Carmen Rezinkar
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Miami ariz

Filed 12/14/1920 T H Slaughter
LOCAL REGISTRAR.

414-1211-546
COUNTY REGISTRAR.

Filed 12-27 1920 A True Copy B. G. Fox
COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.