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SEPARATE RETURN must be made for each, and order of birth, stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196
Co. Registrar No. 411
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or
City of Mission No. _____ St. _____ Ward _____

2. Full name of child. Phillip Kianey
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth _____
6. Legitimate? Yes
7. Date of birth Aug 5 1922 (Month, day, year)

8. Full name Moses Kianey
FATHER

14. Full maiden name Effie Abouader
MOTHER

9. Residence (Usual place of abode) Mission
If nonresident, give place and State

15. Residence (Usual place of abode) Mission
If nonresident, give place and State

10. Color or race White
11. Age at last birthday 45 (Years)

16. Color or race White
17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Syria
(State or country)

18. Birthplace (city or place) Syria
(State or country)

13. Occupation Merchant
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:00 m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. J. Dotal M.D.
(Physician or midwife)

Address Mission, Pinal Co., Ariz.

Given name added from a supplemental report _____
(Month, day, year)
728-805-519
Registrar.

Filed Sept, 1922 A. M. Hald Local Registrar.
Filed Oct 6, 1922 P. L. J. J. County Registrar.