N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 92

Co. Registrar No. 146

Local Registrar No.

No. Flora apts. Euclid St St. Ward)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Assyd

If child is not yet named, make supplemental report, as directed

3. Sex of child M.

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 7 of 5-1923 (Month, day, year)

FATHER

8. Full name Joe Assyd.

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

10. Color or race White Syrian

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) El Paso Tex (State or country)

13. Occupation Fruit vender + Nature of industry Merchant

MOTHER

14. Full maiden name Martha Giede

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

16. Color or race White Syrian

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Globe Ariz (State or country)

19. Occupation Nature of industry Housewife

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 1 (b) Born alive but now dead 1 (c) Stillborn 1 miscarriage (3 mth)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:45 A m. on the date above stated.

*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 H. A. Horst M.D (Physician or midwife)

Address Globe Ariz

Given name added from a supplemental report (Month, day, year)

Filed 4-4, 1923 B G Day Local Registrar.

Registrar.

Filed 4-5, 1923 B G Day County Registrar.

714-205-495