

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

PLACE OF BIRTH
 1. County of Casa
 District of _____
 Town of _____
 or _____
 City of Miami No. 405 Indian Ave. St. _____ Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 Full name of child George Nader } If child is not yet named, make supplemental report, as directed

2. Sex of child <u>Male</u>	3. To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Mar 27-1923</u> (Month, day, year)
8. FATHER Full name <u>Alexander Nader</u>			14. MOTHER Full maiden name <u>Levenia Saito</u>		
9. Residence (Usual place of abode) <u>Miami Fla</u> If nonresident, give place and State			15. Residence (Usual place of abode) <u>Miami Fla</u> If nonresident, give place and State		
10. Color or race <u>White</u>		11. Age at last birthday <u>30</u> (Years)		17. Age at last birthday <u>20</u> (Years)	
12. Birthplace (city or place) <u>Alexa</u> (State or country)			18. Birthplace (city or place) <u>Napoleon</u> (State or country) <u>Miss.</u>		
13. Occupation <u>Merchant</u> Nature of Industry			19. Occupation <u>Housewife</u> Nature of Industry		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Signature D. J. Jotef m.d.
 (Physician or midwife)
 Address Miami Fla

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

Filed Mar 31, 1923 C. E. Griffin Local Registrar.
 Filed 4-5, 1923 B. S. J. O'Y County Registrar.

Registrar. 759-327-322