

1122

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

PLACE OF BIRTH
County of Maricopa
District of 119
Town of Phoenix
or
City of _____ No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 131a
County Registrar No. 512
Local Registrar No. _____

Full name of child Artha J. [unclear]
Sex of Child Female
4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth May 10 1924
Month day year

FATHER		MOTHER	
8. Full name <u>Just [unclear]</u>	14. Full maiden name <u>[unclear]</u>	9. Residence (Usual place of abode) <u>Phoenix, Ariz.</u>	15. Residence (Usual place of abode) <u>Phoenix, Ariz.</u>
10. Color or race <u>Greek</u>	16. Color or race <u>Spanish</u>	11. Age at last birthday <u>28</u> (Years)	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Attina, Greece</u>	18. Birthplace (city or place) <u>Spain</u>	13. Occupation <u>fruit business</u>	19. Occupation <u>none</u>
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 <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>none</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at Phoenix, Ariz. 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 evidences of life after birth.
Signature [unclear] (Physician or midwife)
Address [unclear]
Month, day, year. Filed July 31 1924
Registrar. 158-510-336 Filed Aug 3 1924
County Registrar. [unclear]