

958

RECEIVED FOR BEING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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

1. County of Gila State Index No. 136
District of _____ County Registrar No. 438
Town of _____ Local Registrar No. _____
or _____
City of Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elias Aboud } 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. Legitimate? yes 6. Date of birth July-3-1923
Month day year

8. FATHER Full name <u>Henry Aboud</u>	14. MOTHER Full maiden name <u>Isabel Moreno</u>
9. Residence (Usual place of abode) <u>Miami Arizona</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami Arizona</u> If nonresident, give place and state
10. Color or race <u>White</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>28</u> (Years)	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Rome, Syria</u> (State or country)	18. Birthplace (city or place) <u>Mexico</u> (State or country)
13. Occupation Nature of industry <u>Merchant</u>	19. Occupation Nature of industry <u>House wife</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 2
(b) Born alive but now dead _____
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 2:04 p.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 evidences of life after birth.
Given name added from supplemental report _____

Signature C. J. Jotel (Physician or midwife)
Address Miami, Arizona
Filed July 31, 1923 C. E. J. J. Local Registrar.
Filed 7/3, 1923 B. S. J. County Registrar.

Registrar. _____

514-703-946