

1824

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 126
County Registrar No. 741
Local Registrar No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

2. Full name of child Dorothy May Sotel
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth November 4, 1923
Month Day Year

5. No., in order of birth _____

<p>8. <u>Constantine Sotel</u> FATHER Full name</p> <p>9. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>34</u> (Years)</p> <p>12. Birthplace (city or place) <u>Baruth</u> (State or country) <u>Syria</u></p> <p>13. Occupation <u>Physician</u> Nature of industry</p>	<p>14. <u>Lillian Marie Aboudeaman</u> MOTHER Full maiden name</p> <p>15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>23</u> (Years)</p> <p>18. Birthplace (city or place) <u>Jemez Springs</u> (State or country) <u>New Mexico</u></p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>
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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 0
(c) Stillborn 0

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 alive at 2:40 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 evidence of life after birth.

Signature [Signature]
(Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____

Filed Nov 30 1923 P. E. Dwin Local Registrar.
Filed 12/31 1923 [Signature] County Registrar.

423-1104-315