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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

PLACE OF BIRTH
1. County of Dea
District of Miami
Town of Miami
or
City of _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Richard Abounader (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 Feb 25 1924
Month day year

8. FATHER Full name Boulos R Abounader 14. MOTHER Full maiden name Anna S. Karan
9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami
If nonresident, give place and state
10. Color or race Caucasian 16. Color or race Caucasian
11. Age at last birthday 47 (Years) 17. Age at last birthday 33 (Years)
12. Birthplace (city or place) Mt Lebanon 18. Birthplace (city or place) Savannah
(State or country) Syria (State or country) Ga. USA
13. Occupation Merchant 19. Occupation House wife
Nature of industry Nature of industry

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 6 (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 born alive at 11 m. on the date above stated.
(Born alive or stillborn.)
Signature Nelson D. Brayton (Physician or midwife)
Address Miami, Fla.
Given name added from a supplemental report _____
Month, day, year. Filed April 20 1924 Local Registrar. G. E. Swin
Filed 5-5 1924 County Registrar. R. G. J. ai

Registrar. County Registrar.

119-325-125