WRITE PL... WITH UNFADIN... IS ... RMANENT RECOR...

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the numbe... in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176

County Registrar No. 123

Local Registrar No. 28

PLACE OF BIRTH

1. County of Gila

District of Miami Ariz.

Town of Miami

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Aboud — If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female Girl — To be answered ONLY in event of plural births.

4. Twin, triplet or other other

5. No., in order of birth

6. Legitimate?

7. Date of birth Feb. 23. 1925 (Month day year)

FATHER	MOTHER
8. Full name Henry E Aboud	14. Full maiden name Isabel Moreno
9. Residence (Usual place of abode) If nonresident, give place and state	15. Residence (Usual place of abode) If nonresident, give place and state
10. Color or race Dark — 11. Age at last birthday 30 (Years)	16. Color or race Dark — 17. Age at last birthday 30 (Years)
12. Birthplace (city or place) (State or country) B. Egypt Syria	18. Birthplace (city or place) (State or country) Aguas Calientes Mexico
13. Occupation Nature of industry Clerk	19. Occupation Nature of industry Domestic

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 Yes
(b) Born alive but now dead No
(c) Stillborn

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 Maria Aboud at 5 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.

Signature Visentu Gutierres (Physician or midwife)

Address

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

Filed Feb 28, 1925 Nelson A Brayton Local Registrar.

Registrar.

Filed 3/9, 1925 L. E. Wyllie County Registrar.

414-223-846