

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Murphman

or \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Repriol Sabir { 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. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 2 1925  
Month Day Year

8. FATHER Full name Byron Sabir

14. MOTHER Full maiden name Rena Lewis

9. Residence (Usual place of abode) Murphman  
If non-resident, give place and state.

15. Residence (Usual place of abode) Murphman  
If non-resident, give place and state.

18. Color or race White 11. Age at last birthday 27 (Years)

16. Color or race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Keokuk, Iowa  
(State or country) Iowa

18. Birthplace (city or place) Nebraska  
(State or country) Nebraska

13. Occupation Auto. Mechanic  
Nature of industry

19. Occupation Housewife  
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 5  
(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 white at 3:50 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 Charles H. Hurdston M.D. (Physician or midwife)

Address Murphman Arizona

Given name added from supplemental report. Month, day, year 325-702-932  
Registrar

Filed July 21, 1925 P. J. Hutton  
Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.