

WRITE MAINLY 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 _____
 District of _____
 Town of _____
 or
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184
 County Registrar No. 598
 Local Registrar No. _____

2. Full name of child Charles Paul Aboumader { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 3 25 26
 Month Day Year

8. FATHER
 Full name B. R. Aboumader
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 10. Color or race African
 11. Age at last birthday 48 (Years)
 12. Birthplace (city or place) Senegal
 (State or country)
 13. Occupation Gov. Salesman
 Nature of industry

14. MOTHER
 Full maiden name Edna Adina
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 16. Color or race Caucasian
 17. Age at last birthday 35 (Years)
 18. Birthplace (city or place) Gangneung
 (State or country)
 19. Occupation Wife
 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 7
 (b) Born alive but now dead _____
 (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 Alan at 6 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 E. A. Perkins (Physician or midwife)
 Address _____

Given name added from a supplemental report _____
 Month, day, year _____
 Filed April 11, 26 1926 _____
 Registrar _____ Local Registrar E. G. Finn
 County Registrar _____

319-325-511