

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 177
 Registered No. _____

1. PLACE OF BIRTH

County _____ State _____
 District or Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Karam Jr. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes.
 5. No., in order of birth _____ 7. Date of birth 2 20 28.
Month Day Year

8. FATHER
 Full name James Karam
 9. Residence (Usual place of abode) Miami
If non-resident, give place and state.
 10. Color or race Asyp.
 11. Age at last birthday 35. (Years)
 12. Birthplace (city or place) Trinidad
(State or country)
 13. Occupation Salesman
 Nature of industry _____

14. MOTHER
 Full maiden name Angeline Rauh.
 15. Residence (Usual place of abode) Miami
If non-resident, give place and state.
 16. Color or race Asyp.
 17. Age at last birthday 34. (Years)
 18. Birthplace (city or place) Tr.
(State or country)
 19. Occupation H.W.
 Nature of industry _____

20. Number of children of this mother _____ } (a) Born alive and now living 7.
(Taken as of time of birth of child herein certified and including this child.) } (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 born at 9:30 a.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 C. E. Harrison
C. E. Harrison
(Physician or midwife).

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Filed Mich 12, 28 1928 C. E. Harrison
 Registrar Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each child.

175-220-198