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

State File No. 375
Registered No. 375

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 Anissa ~~Has~~ Kalill Nawfel (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 _____ 6. Legitimate? Yes 7. Date of birth 8 / 7 / 29
5. No., in order of birth _____ Month Day Year

8. FATHER
Full name Sam. Kalill Nawfel
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. _____

14. MOTHER
Full maiden name Mabel Sawaya
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. _____

10. Color or race Arabic 11. Age at last birthday 32 (Years)

16. Color or race Arabic 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Syria
(State or country)

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

13. Occupation
Nature of industry Merchant

19. Occupation
Nature of industry H.W.

20. Number of children of this mother 3 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 Alive at 2:30 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 A. B. Perkins (Physician or Midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year _____ Filled Aug 15, 1929 R. E. Jones Registrar

153-807-401

WHILE FLAINLY 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.