

of child, in order of birth, stated. If the certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

445 Holladay St., Portland, Ore.
POSTOFFICE ADDRESS OF MOTHER.

Oregon State Board of Health, Division of Vital Statistics. **678** State Registered No. 11892
CERTIFICATE OF BIRTH Local Registered No. 11892

3678
1. PLACE OF BIRTH
 County Multnomah State Oregon
 Township _____ or Village _____
 City Portland No. Women's Hosp. St. Ward _____
(If birth occurred in a hospital or institution, give its name instead of street and number)
 (If in country, give distance and direction from nearest town)

2. Full name of child Victor George Heijeh If child is not yet named, make supplemental report as directed

3. Sex of child Male To be answered ONLY in event of plural births. **4. Twin, triplet or other** _____ **5. Number, in order of birth** _____ **6. Legitimate** Yes **7. Date of birth** 2-20-23 (Month, day, year)

8. FATHER Full name George F. Heijeh **14. MOTHER** Full maiden name Linda Heijeh

9. Residence (Usual place of abode) 443 Holladay St. Portland - Ore. **15. Residence** (Usual place of abode) 443 Holladay St. Portland - Ore.
If nonresident, give place and State

10. Color or race Asian **11. Age at last birthday** 38 (Years) **16. Color or race** Asian **17. Age at last birthday** 24 (Years)

12. Birthplace (city or place) Amur (State or country) Syria **18. Birthplace** (city or place) Beirut (State or country) Syria

13. Occupation Teacher in Nature of industry Education **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 11 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 11:00 a.m. on the date above stated.
(Born alive or stillborn)

Signature [Signature] **Physicians**
(Physician or Midwife)

* 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.

Given name added from [Signature] (Month, day, year) 11/25/44 Address 1011 Corbett Bldg.,

DATE ISSUED June 4 1974

STATE OF OREGON, COUNTY OF MULTNOMAH)SS
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR
[Signature]