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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
Co. Register No. 307
Local Registrar's No.

(No. St; Ward)

LL NAME OF CHILD Nada SaVinia Buese
child is not named, make Supplemental Report on blank obtainable from local registrar.

Born / Alive: YES / ~~NO~~

| x of hild | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Female | — | | — | Yes | July 17 1917 (Month) (Day) (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| ll ame | John Nicholas Buese | Full Maiden Name | SaVinia McCray |
| esidence | 237 So Second St | Residence | Same |
| olor r Race | White — Age at last Birthday 31 (Years) | Color or Race | White — Age at last Birthday 29 (Years) |
| irthplace | Republic, Mich. | Birthplace | Sisson, Calif. |
| ccupation | Traveling Salesman | Occupation | Housewife |

mber of child of this mother 1 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on July 17 1917, at 8 P M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. J. Sturgeon
(Attending physician, ~~midwife, householder.*~~)

Given or Christian name added from a pplemental report 191

Address

Filed 7-20 1917 — B. G. Fox, LOCAL REGISTRAR.

A True Copy

535-717-348 — COUNTY REGISTRAR.

Filed 8/6 1917 — B. G. Fox, COUNTY REGISTRAR.