

PLACE OF BIRTH **CERTIFICATE AMENDMENT** **ARIZONA STATE BOARD OF HEALTH**
 County of Gila **SEE NOTATION** BUREAU OF VITAL STATISTICS State Index No. 179
 District of Arizona ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 641
 Town of Miami Local Registrar's No. 1-21-1915
 City of _____ (No. 4 of Brother 1-21-1915 St; _____ Ward) (3-1922)

FULL NAME OF CHILD Oiga Purilia { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Female { and } Number in order of birth 4 Legitimate? yes Date of Birth Nov. 18 - 1919
 Twin, Triplet or other _____ (Month) (Day) (Yr.)

FATHER
 Full Name Louis Purilia
 Residence Claypool, Ariz.
 Color or Race Serbian Age at last Birthday 31 (Years)
 Birthplace Serbia
 Occupation Smelterman

MOTHER
 Full Maiden Name Margina Gurovich
 Residence Claypool, Arizona
 Color or Race Serbian Age at last Birthday 28 (Years)
 Birthplace Serbia
 Occupation Housewife

Number of child of this mother 4 Number of Children, of this mother, now living 4 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 Nov. 18, 1919 at 11³⁰ P.M.

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

(Signature) Cyril M. Cron M.D.
 (Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 191_____

Address Miami, Arizona

Filed Nov 30 1919
071-1118-718
 COUNTY REGISTRAR.

Filed 11/30 1919 A True Copy
R. S. Joy
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.