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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

Co. Registrar's No. 702

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Juanita Nevadis

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES / NO

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Female			1	yes	Nov. 11 1920.

FATHER		MOTHER	
Full Name	Savino Nevadis	Full Maiden Name	Mary Anna Martinez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	32 Years	Age at last Birthday	20 Years
Birthplace	Durango, Mexico	Birthplace	Dos Cabezas, Arizona
Occupation	Miner	Occupation	Housewife

Number 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*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov. 11, 1920 at 11:30 P.M.

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

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

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

Filed 12/24/1920 T H Slaughter
LOCAL REGISTRAR.

152-1111-449
COUNTY REGISTRAR.

Filed 12-27 1920 A True Copy B. G. Sid
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.