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MARGIN RESERVED FOR BIRTH RECORD  
WRITE PLAINLY 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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 175  
District of \_\_\_\_\_ County Registrar No. 53  
Town of Miami Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Savo Louis Purlicia (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. Legitimate? yes 6. Date of birth Jan. 25-1924  
Month day year

8. FATHER		14. MOTHER	
Full name <u>Louis Purlicia</u>		Full maiden name <u>Georgina Juravich</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>37</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Viri Pazar, Montenegro</u> (State or country)		18. Birthplace (city or place) <u>Virpazar, Montenegro</u> (State or country)	
13. Occupation <u>Electrician</u> Nature of industry		19. Occupation <u>Housewife</u> 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 <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at HA m. on the date above stated.  
(Born alive or stillborn.)

Signature C. M. Crow M.D. (Physician or midwife)  
Address Miami, Arizona  
Filed Jan 31, 1924 C. E. Dwin  
Filed 2/8, 1924 B. J. Stax  
Registrar. \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

271-125-718