

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172
County Registrar No. _____
Local Registrar No. 10

PLACE OF BIRTH
1. County of Coila
District of _____
Town of _____
or
City of Miami

No. 725 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Leyva { 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 _____ 6. Legitimate? Yes 7. Date of birth Jan 18, 1927
Month Day Year

8. FATHER
Full name Luis Leyva
9. Residence (Usual place of abode) Miami Ariz
If non-resident, give place and state.
10. Color or race Mexico
11. Age at last birthday 29 (Years)

14. MOTHER
Full maiden name Rafugio Garcia
15. Residence (Usual place of abode) Miami Ariz
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mexico
(State or country)
13. Occupation Miner
Nature of Industry

18. Birthplace (city or place) Morenci
(State or country) Arizona
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 2 (b) Born alive but now dead _____ (c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3 30 m. on the date above stated
(Born alive or ~~stillborn~~)

* 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.
Signature E. J. Antelmas
Address Miami Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Filed Feb 3, 1927
Local Registrar E. E. Trim
Registrar _____ Filed _____ 19 _____
County Registrar _____

731-118-971

N. B.—In case of multiple births, make for each, and give number of each in order of birth stated.