

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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>193</u>	County Registrar No. <u>216</u>
or _____		Local Registrar No. _____	
City of _____		No. <u>906 Smith St.</u> St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Carmen Ascencion Leon</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?
<u>Female</u>			<u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>May 26-1927</u>	
		Month _____ day _____ year _____	
FATHER		MOTHER	
8. Full name <u>Alphonso Leon</u>		14. Full maiden name <u>Rumalda Pios</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>37</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>35</u> (Years)
12. Birthplace (city or place) <u>Sonora Mex.</u>	(State or country) _____	18. Birthplace (city or place) <u>Zacatecas Mex.</u>	(State or country) _____
13. Occupation <u>Miner</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>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	(b) Born alive but now dead _____
	(c) Stillborn _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9:30</u> A.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 evidences of life after birth.		Signature <u>Leyril M. Brown, M.D.</u>	
Given name added from supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Miami, Arizona</u>	
Filed <u>June 1, 1927</u>		Local Registrar <u>J. G. ...</u>	
Registrar _____		Filed _____ 19 _____	
		County Registrar _____	

335 - 526 - 992