

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

State File No. 150<sup>a</sup>  
 Registered No. 72

County Yuma State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Consuelo Leon (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female } To be answered ONLY in event of plural birth }  
 4. Twin, triplet or other \_\_\_\_\_ }  
 5. No., in order of birth \_\_\_\_\_ }  
 6. Legitimate? Yes }  
 7. Date of birth Oct 19 1927 }  
 Month Day Year

8. FATHER  
 Full name Jesus Leon

9. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state \_\_\_\_\_

10. Color or race Mex  
 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Logan  
 (State or country) Ariz

13. Occupation Labour  
 Nature of industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Mariana Leon

15. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state \_\_\_\_\_

16. Color or race Mexican  
 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Logan  
 (State or country) Ariz

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 7 }  
 (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 1 }  
 (c) Stillborn 1 }  
 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 \_\_\_\_\_ m. on the date above stated

\* 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 Charles B. Husted MD (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden, Arizona

Month, day, year \_\_\_\_\_ Filed Oct 22, 1927 W.D. T. Pugh Registrar

Registrar

335-1019-435