

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 184
Registered No. 237

1. PLACE OF BIRTH

County Pima State Arizona

District or Township _____ or Village _____

City Miami No. 411 Hicks Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child José Leyba } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	5. No., in order of birth.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 24 1930</u> Month Day Year
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8. FATHER
Full name Valentín Rocha Leyba

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 49 (Years)

12. Birthplace (city or place) Tucson
(State or country) Arizona

13. Occupation Repair man
Nature of Industry Copper mine

14. MOTHER
Full maiden name Josefina Morales

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Tucson
(State or country) Arizona

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother... <u>2</u> (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... <u>0</u>	
	(c) Stillborn... <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:40 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 evidence of life after birth.

Signature J. J. Miller
(Physician or Midwife)

Given name added from a supplement report _____ Address Miami, Arizona

Month, day, year _____ Filed May 24 1930 Registrar _____

131-524-142