

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 107  
Registered No. 30

1. PLACE OF BIRTH

County Sila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elia Elvade Leon  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births }  
4. Twin, triplet or other \_\_\_\_\_ }  
5. No., in order of birth 1st }  
6. Legitimate? Yes }  
7. Date of birth Aug 7 1951  
Month Day Year

8. FATHER  
Full name Randolph de 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 36 (Years)

12. Birthplace (city or place) Cochapilla Mex  
(State or country)

13. Occupation Clerk  
Nature of Industry grocery

14. MOTHER  
Full maiden name Josefa Gonzales

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

16. Color or race Mex

17. Age at last birthday 26 (Years)

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

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living \_\_\_\_\_  
(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 \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

Signature Charlotte Hurst  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden, Ariz  
Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filed Aug 31 1951 Registrar W. J. [unclear]

545-407-172

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, each in order of birth stated.