

CERTIFICATE APPROVED
SEE NOTATION

Item 2 Amended by *W. J. Ry.*
& Baptismal Cert. 1-17-37. *(1-1-37)* 93

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 34

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

2. Full name of child Abel Leon Peralta 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 Female If plural births { 4. Twin, triplet, or other _____ 5. Premature _____ 6. Legitimate? _____ 7. Date of birth Sept. 28th. 1933
(Month, day, year)

8. Full name FATHER Abel Leon

10. Residence (usual place of abode) Hayden, Arizona
(If non-resident, give place and State)

11. Color or race Mex 12. Age at last birthday 30 (Years)

13. Birthplace (city or place) Nogales, Arizona
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common unemployed

16. Date (month and year) last engaged in this work Jan. 1933 17. Total time (years) spent in this work 10

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0. (b) Born alive but now dead 0. (c) Stillborn 0.

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____
(Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:00 P 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.)

(Signed) Charles A. Austen M.D.

or _____, Midwife

Given named added from a supplemental report _____ (Date of)

Address Hayden, Arizona

Filed Sept. 30th, 1933 _____ Registrar.

Registrar.

Registrar.

935-924-971

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