

Baptismal certificate sent in with the birth certificate c.w.s.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 4669

1. PLACE OF BIRTH

County Yavapai State Arizona
 Township _____ or Village Acton
 City Weaver No. _____ St. _____ Ward _____

2. Full name of child Perfecta Leyvas (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex 7 If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term _____ 7. Legitimate? _____ 8. Date of birth Mar 6, 1904
 (Month, day, year)

9. Full name FATHER Gymacio Leyvas
 10. Residence (usual place of abode) (If non-resident, give place and State) Acton

18. Full maiden name MOTHER Andrea Verdugo
 19. Residence (usual place of abode) (If non-resident, give place and State) Acton

11. Color or race Mex 12. Age at last birthday 43 (Years)

20. Color or race Mex 21. Age at last birthday 29 (Years)

13. Birthplace (city or place) (State or country) Hermosillo Mex Sonora

22. Birthplace (city or place) (State or country) State Creek State Ariz

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____, 1904 17. Total time (years) spent in this work 7

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Domestic
 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work none

27. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

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 Perfecta Leyvas 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) Margarita Sonogui M. D.
 or _____ Midwife
 Address Phoenix City
 Filed Buttrworth Registrar.

Given name added from a supplemental report _____ (Date of) _____
 Registrar _____

N. D. 1-11 IN CASE OF MILD CASES USE FORM NO. 1 IN ORDER OF BIRTH STATED.

722-206-156