

1222

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Globe

BUREAU OF VITAL STATISTICS

State Index No. 482

District of Globe

ORIGINAL CERTIFICATE OF BIRTH 112

Co. Register No. 29

Town of _____

Local Registrar's No. _____

or
City of Globe

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Antoinis Leav

Born YES
Alive NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth 3 Legitimate? Yes Date of Birth Feb 5 1915
(Month) (Day) (Yr.)

FATHER
Full Name Juan Leav
Residence Globe
Color or Race Mexican Age at last Birthday 29 (Years)
Birthplace Silver City, N.M.
Occupation Labour

MOTHER
Full Maiden Name Maria Trojillo
Residence Globe
Color or Race Mexican Age at last Birthday 28 (Years)
Birthplace Tucson, Ariz.
Occupation Housewife

Number of child of this mother... 3 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 5 1915, at 7.20 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Chas M. D.
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 1915

Address Globe, Ariz.

Filed July 9 1915 B. S. Jay LOCAL REGISTRAR.

Filed Mar 5 1916 A True Copy B. S. Jay COUNTY REGISTRAR.

COUNTY REGISTRAR.