

1708

PLACE OF BIRTH

Guila

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. **147**

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. **437**

Miami
Ariz

Local Registrar's No. _____
St: _____ Ward)

NAME OF CHILD *Lola Leyla* { Born } YES
 { Alive } ~~NO~~
If not named, make Supplemental Report on blank obtainable from local registrar.

Male Twin, Triplet or other } and } Number in order of birth } Legitimate? *yo* Date of Birth *9/22/1917*
(Month) (Day) (Yr.)

FATHER
Name *B. Leyla*
Residence *Miami Az*
Color or Race *white* Age at last Birthday *37*
Mexican (Years)
Birthplace *Mexico*
Occupation *Laborer*

MOTHER
Full Maiden Name *J. Morales*
Residence *Miami Az*
Color or Race *white* Age at last Birthday *20*
Mexican (Years)
Birthplace *Mexico*
Occupation *Housewife*

Number of child of this mother *1* Number of Children, of this mother, now living *1* Were precautions taken against Ophthalmia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on *9/22/1917*, at *1 P.M.*

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

(Signature) *T.H. Laughter*
(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191__

Address *Miami Ariz*

Filed *Sept 29* 1917

John H. Dacy
LOCAL REGISTRAR.

331-922-142
COUNTY REGISTRAR.

Filed *Oct 6* 1917

A True Copy *Bey Dacy*
COUNTY REGISTRAR.