

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 151

District of Winkelman

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 48

Town of Winkelman

Local Registrar's No. 1

City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Arnoldo Leon } 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 _____ Legitimate? yo Date of Birth Dec 31 1919
 (Month) (Day) (Yr.)

FATHER
 Full Name Joss Leon
 Residence Winkelman, Ariz
 Color or Race Mex Age at last Birthday 30 (Years)
 Birthplace Mexico
 Occupation Labour

MOTHER
 Full Maiden Name Antonia Lopez
 Residence Winkelman, Ariz
 Color or Race Mex Age at last Birthday 22 (Years)
 Birthplace Arizona
 Occupation Housewife

Number of child of this mother. 2nd Number of children, of this mother, now living. 1 Were precautions taken against Ophthalmia neonatorum? yo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 31 1919, at 10 A M.

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

(Signature) Leonard Elwood M.D.
 (Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 191_____

Address Winkelman, Ariz

135-1731-139
 COUNTY REGISTRAR.

Filed Jan 10 1920 A True Copy
 Filed Feb 7 1920 B. G. Fox
 LOCAL REGISTRAR. COUNTY REGISTRAR.