ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148

Co. Registrar's No. 176

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

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

FULL NAME OF CHILD Leonarda De La Riva | Born Alive | YES ~~NO~~

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

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 2nd | Legitimate? yes | Date of Birth March 14 1920. Month Day Yr.

FATHER		MOTHER	
Full Name	Jose De La Riva	Full Maiden Name	Felez Hernandez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	27 Years	Age at last Birthday	16 Years
Birthplace	Zacetacas - Mexico	Birthplace	Zacetacas - Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 2 | 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 the above child; and that it occurred on March 14, 1920, at 7 P.M.

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

Signature Cyril M. Cron M.D.

Attending physician, ~~midwife, householder.*~~

Address Miami, Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed 3/18/1920 T H Slaughter LOCAL REGIS

A True Copy

341-314-689

COUNTY REGISTRAR.

Filed 4/5 1920 [illegible] COU

or midwife with each local Registrar within 5 days after birth.