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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Maricopa
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150
Co. Registrar's No. 271
Local Registrar's No. _____

FULL NAME OF CHILD Carlos Leyba 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 May 14 1929
Month Day Yr.

FATHER
Full Name Balentine Leyba
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 34 Years
Birthplace Durango, Mex
Occupation Smeelter man

MOTHER
Full Maiden Name Josephina Morales
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 23 Years
Birthplace Tucson, Ariz.
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 May 14, 1929 at 8 A.M.

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

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 191__ F
331-514-142
COUNTY REGISTRAR.

Miami, Ariz.
H. H. Slaughter
LOCAL REGISTRAR.
Copy B. G. Wolf
COUNTY REGISTRAR.

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