

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 180
Co. Registrar's No. 485
Local Registrar's No. _____

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

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Leroy Marcela | Born | YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. | Alive | NO

Sex of Child <u>Male</u>	<u>Triplet</u> or other	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug. 15 - 1920</u>
Full Name <u>Rudi Marcela</u>		FATHER		MOTHER	
Residence <u>Miami - Arizona</u>		Full Maiden Name <u>Mary Fournet</u>		Residence <u>Miami, Arizona</u>	
Color or Race <u>White</u>		Age at last Birthday <u>34</u> Years		Color or Race <u>White</u>	
Birthplace <u>Fume, Austria</u>		Occupation <u>Smelterman</u>		Age at last Birthday <u>28</u> Years	
Occupation _____		Birthplace <u>Colorado</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>3</u>		Number of Children, of this mother, now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug. 15, 1920 at 4 A.M.

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

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

Address Miami, Arizona.

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

Filed 8/27 1920 LOCAL REGISTRAR. T. H. Slavick

Filed 9/8 1920 COUNTY REGISTRAR. B. G. J. J. J.

341-815-463 COUNTY REGISTRAR.