

4173

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 138

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 579

Town of \_\_\_\_\_

Local Registrar's No. 60

or \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Felix Legand

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 1 and Number in order of birth 1 Legitimate? yes Date of Birth Sept 18 1920  
(Month) (Day) (Yr.)

FATHER  
Full Name Felix Legand  
Residence \_\_\_\_\_  
Color or Race Mexican Age at last Birthday 27 (Years)  
Birthplace Sonora, Mexico  
Occupation laborer

MOTHER  
Full Maiden Name Carmen Moreno  
Residence Hayden, Arizona  
Color or Race Mexican Age at last Birthday 24 (Years)  
Birthplace Sonora, Mexico  
Occupation housewife

Number of child of this mother 4 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 18 1920 at 10:00 p.m.

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

(Signature) [Signature]  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Hayden, Arizona

Filed Sept 22 1920

LOCAL REGISTRAR.

634-901-346  
COUNTY REGISTRAR.

Filed Oct 18 1920

A True Copy

[Signature]  
COUNTY REGISTRAR.

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.