

1230

THE ABOVE METUHN must be made for each child. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila State Ariz
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 780
Town of Miami or _____ Local Registrar's No. _____
City of _____ (No. _____) St: _____ Ward _____

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

Sex of Child Male Twin, Triplet or other } and { Number in order of birth 5 - Legiti- mate? Yes Date of Birth Dec. 29 1920
Month Day Yr.

FATHER
Full Name Bernardus Leuano
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 35 Years
Birthplace Zacatecas, Mexico
Occupation Smelterman

MOTHER
Full Maiden Name Jonasa De La Riva
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 23 Years
Birthplace Zacatecas, Mexico
Occupation Housewife

Number of child of this Mother 5 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 Dec. 29 1920, at 3A.M.
{ *When there is no attending physi- cian or midwife, then the householder should make this return. }

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

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

Address Miami, Arizona
T.H. Laughton
LOCAL REGISTRAR.

336-1229-341
COUNTY REGISTRAR.

Filed 12/30 1920

Filed 1-6 1921 A True Copy

B. G. J. G.
COUNTY REGISTRAR.