

1120

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 6782
 Co. Register No. 157
 Local Registrar's No. _____

FULL NAME OF CHILD Leal { Born } Yes
 { Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local Registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <u>Yes</u>	and	Number in order of birth <u>1</u>	Legitimate? _____	Date of Birth <u>Mar 19 1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Baptista Leal</u>			Full Maiden Name <u>Rafaela Hancock</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>Mex</u>		Age at last Birthday <u>42</u> (Years)	Color or Race <u>Mex</u>		Age at last Birthday <u>29</u> (Years)
Birthplace <u>Mex</u>			Birthplace <u>Mex</u>		
Occupation <u>miner</u>			Occupation <u>housewife</u>		
Number of child of this mother <u>6</u>		Number of children, of this mother, now living <u>5</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 Mar 17 1921, at 10:30 P.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Baptista Leal
 (Attending physician, midwife, householder.)
 Address Globe
 Given or Christian name added from a supplemental report _____ 192_____
 COUNTY REGISTRAR.
 Filed Mar 22 1921
 A True Copy
 Filed Apr 5 1921
 COUNTY REGISTRAR.
 LOCAL REGISTRAR. B. J. Fox
 COUNTY REGISTRAR. B. J. Fox

033-319-915