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# Damaged Document(s)

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 Index No. 119  
District of Winkelman ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 276  
Town of Winkelman Local Registrar's No. \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Jose Leon Born  YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 15 1921</u> (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jose Leon</u>			Full Maiden Name <u>Antonia Lopez</u>		
Residence <u>Winkelman</u>			Residence <u>Winkelman</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>31</u> (Years)	Color or Race <u>Mexican</u>		Age at last Birthday <u>34</u> (Years)	
Birthplace <u>Mexico</u>			Birthplace <u>Arizona</u>		
Occupation <u>Laborer</u>			Occupation <u>H. Wife</u>		

Number of child of this mother... 3 Number of children, of this mother, now living... 1 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 June 15 1921, at 2 p.m.  
 { \*When there is no attending physician or midwife, then the householder should make this return. }  
 (Signature) [Signature] (Attending physician, midwife, householder.\*)  
 Address Hayden, Ariz.  
 Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
 Filed June 20 1921 LOCAL REGISTRAR.  
135-615-139 A True Copy  
 COUNTY REGISTRAR. Filed 7-6 1921 COUNTY REGISTRAR.