

231

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 1578  
Registered No. 421

1. PLACE OF BIRTH  
County Yuma State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Coyotile No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Melchor Leal  
(If child is not yet named, make supplemental report, as directed.)  
3. Sex of Child Male To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? Yes  
7. Date of birth August 24-1921  
Month Day Year

8. FATHER  
Full name Melchor Leal  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
10. Color or race Mex  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) Mexico City  
(State or country) Mexico  
13. Occupation Miner  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Antonina Trago  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
16. Color or race Mex  
17. Age at last birthday 35 (Years)  
18. Birthplace (city or place) Chihuahua  
(State or country) Mexico  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was alive at 6 H m. on the date above stated  
(Born alive or stillborn.)  
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Phy. Juan  
433-824-636  
(Physician or midwife.)  
Given name added from \_\_\_\_\_ Address \_\_\_\_\_  
supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
Registrar Jan 7 26 Le E. Irving  
Registrar