

1581

or midwife with. each local Registrar within 5 days after birth.

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

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

State Index No. 121
 Co. Registrar's No. 22
 Local Registrar's No. _____

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

Sex of Child Female Twin, Triplet or other } and { Number in order of birth 4 Legitimate? yes Date of Birth Jan. 20 1922
 Month Day Yr.

FATHER
 Full Name Valentine Leyba
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 35 Years
 Birthplace Durango, Mexico
 Occupation Smelterman

MOTHER
 Full Maiden Name Josephina Morales
 Residence Miami, Arizona
 Color or Race Mex. Age at last Birthday 24 Years
 Birthplace Tucson, Arizona
 Occupation Housewife

Number of child of this Mother. _____ 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 the above child; and that it occurred on Jan. 20 1922 at 6:15 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 Signature C. M. Crow M.D.
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report. _____ 191_____
131-120-142
 COUNTY REGISTRAR.

Address Miami, Arizona
 Filed Jan 30 1922 B. H. Hardy
 LOCAL REGISTRAR.
 Filed Feb 6 1922 B. G. J. ad
 A True Copy
 COUNTY REGISTRAR.