

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

1. County of Gila
District of _____
Town of Hayden
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Alberto Leon

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 April 7 1924
Month day year

8. FATHER Full name <u>Justo Leon</u>		14. MOTHER Full maiden name <u>Manuela Busiel</u>	
9. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state	
10. Color or race <u>White Mex</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>White Mex</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Patagonia</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>Fuscon</u> (State or country) <u>Arizona</u>	
13. Occupation <u>Labour</u> Nature of industry		19. Occupation <u>House Wife</u> Nature of industry	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 8:20 a.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 evidences of life after birth.
Given name added from supplemental report _____
Month, day, year. _____

Signature Ernie R. Winslow (Physician or midwife)
Address Hayden, Ariz
Filed May 17 1924 Local Registrar.
Filed 6-8 1924 County Registrar.

Registrar. 135-407-423