PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of Miami No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112

County Registrar No. 444

Local Registrar No.

2. Full name of child Leopoldo Peres } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M

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 6 / 1 / 24 (Month / day / year)

FATHER

8. Full name Jose Peres

9. Residence (Usual place of abode) Miami

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 47 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation Labor

Nature of industry

MOTHER

14. Full maiden name Filomena Alonzo

15. Residence (Usual place of abode) Miami

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 42 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation House work

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 3

(b) Born alive but now dead 2

(c) Stillborn 0

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 or stillborn.) at ..... p. m. on the date above stated.

*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.

Signature C. H. Perkins (Physician or midwife)

Address Miami

Given name added from a supplemental report ..... Month, day, year.

Registrar.

Filed May 31, 1924 C. E. Foster Local Registrar.

Filed JUL 6 1924 B. G. Fox County Registrar.

379-601-319