PLACE OF BIRTH

1. County of _Gila_

District of _____

Town of _Miami_

or

City of _____ No. _____ St. _____ Ward

State Index No. _205_

County Registrar No. _1019_

Local Registrar No. _____

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

2. Full name of child _Juan 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 _7_

6. Legitimate? _yes_

7. Date of birth _Dec. 26, 1924_
   Month / day / year

8. FATHER	14. MOTHER
Full name _Clario Leal_	Full maiden name _Maria Garcia_
9. Residence (Usual place of abode) _Miami_ If nonresident, give place and state _Ariz._	15. Residence (Usual place of abode) _Miami_ If nonresident, give place and state _Ariz._
10. Color or race _Mex_	16. Color or race _Mex_
11. Age at last birthday _33_ (Years)	17. Age at last birthday _25_ (Years)
12. Birthplace (city or place) _Parral, Chih._ (State or country) _Mex_	18. Birthplace (city or place) _Parral, Chih._ (State or country) _Mex._
13. Occupation Nature of industry _Miner_	19. Occupation Nature of industry _Housewife_

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 _2_
(b) Born alive but now dead _0_
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* _15_

I hereby certify that I attended the birth of this child, who was _born_ at _4_ 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.

Signature _Cyril M. Crow M.D._
(Physician or midwife)

Address _Miami, Arizona_

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

_____ Registrar.

Filed _Dec 31, 19 24_ _D. E. True_
Filed _1-5, 19 25_ Local Registrar.

County Registrar.

_133-1226-471_