

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162
 County Registrar No. 118
 Local Registrar No. 73

2. Full name of child Cenovio Leavans
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 St. _____ Ward _____
 (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 1
 6. Legitimate? yes
 7. Date of birth Feb. 20, 1926
 Month Day Year

8. FATHER
 Full name Bernardino Leavans
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Ariz.
 10. Color or race Mex.
 11. Age at last birthday 33 (Years)
 12. Birthplace (city or place) Zacatecas
 (State or country) Mex.
 13. Occupation
 Nature of industry Smeltermen

14. MOTHER
 Full maiden name Thomas De La Piva
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Ariz.
 16. Color or race Mex.
 17. Age at last birthday 28 (Years)
 18. Birthplace (city or place) Zacatecas
 (State or country) Mex.
 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 5
 (b) Born alive but now dead 3
 (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 at 2:00 m. on the date above stated
 (Born alive ~~premature~~)

*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 L. Cyril M. Brown M.D.
 Address Miami, Ariz.
 (Physician or midwife)

Given name added from a supplemental report. Month, day, year
 Filed Feb 28, 1926 Nelson D. Brayton
 Local Registrar.
 Filed 3/1, 1926 H. E. Wychman
 County Registrar.

336-220-341