

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Ormani

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174

County Registrar No. _____

Local Registrar No. 73No. E-41 Davis Canyon St. _____ Ward _____

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

2. Full name of child Juana Leyba ; If child is not yet named, make supplemental report, as directed.3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth May 6, 1925 Month day year5. FATHER Full name Balbanedo Leyba14. MOTHER Full maiden name Maria Gonzale9. Residence (Usual place of abode) Ormani If nonresident, give place and state Arizona15. Residence (Usual place of abode) Ormani If nonresident, give place and state Arizona10. Color or race Mexican 11. Age at last birthday 24 (Years)16. Color or race Mexican 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Mexico (State or country)18. Birthplace (city or place) Mexico (State or country)13. Occupation miner Nature of industry Copper

19. Occupation _____ 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 0 (c) Stillborn 021. 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 alive at 3:55 p. 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 J. J. Miller (Physician or midwife)Address Ormani, Arizona Filed May 26, 1925 C. S. Don Local Registrar.

Given name added from _____ Month, day, year. _____ Filed _____ 19____ County Registrar.

Registrar.

County Registrar.

131-506-472

WRITE PLAIN - WITH UNFADING INK-THIS IS A PERMANENT RECORD
IN ORDER OF BIRTH STATED.