

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Kila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 158

County Registrar No. _____

Local Registrar No. 62No. 3401 Turkey Street St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child. Adela Leavans (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. No., in order of birth 9 6. Legitimate? yes 7. Date of birth May 12, 1920
Month Day Year8. FATHER
Full name Jose Leavans
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state. Ariz.
10. Color or race Mex.
11. Age at last birthday 40 (Years)14. MOTHER
Full maiden name Maria Refugio
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state. Ariz.
16. Color or race Mex.
17. Age at last birthday 25 (Years)12. Birthplace (city or place) Jalisco, Mex.
(State or country)
13. Occupation
Nature of Industry Miner18. Birthplace (city or place) Jalisco, Mex.
(State or country)
19. Occupation
Nature of Industry Housewife20. 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 6 (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 6 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 evidence of life after birth.
Signature Byril M. Brown, M.D. (Physician or midwife)
Address Miami, Ariz.Given name added from a supplemental report. Filed May 23, 1925 C. E. Brown
Month, day, year Local Registrar.

Registrar _____ Filed _____ 19____ County Registrar.

136-572-494

WRITE PL. Y WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.