

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

154  
 State File No. 365  
 Registered No. 365

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 69 Red Springs Canyon St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Teodora Estalicia 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. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth November 9, 1925  
 Month Day Year

8. FATHER  
 Full name Guirina Leyba

14. MOTHER  
 Full maiden name Refugia Pensar

9. Resid. (If n. of abode) Miami Arizona  
 If n. ve place and state.

15. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.

10. Col. n 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

18. Birthplace (city or place) Morenci Arizona  
 (State or country)

13. Occupation miner  
 Nature of Industry Copper

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 2 (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 1 (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 alive at 89 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 J. J. Miller  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Ariz  
 Month, day, year \_\_\_\_\_ Filed Nov 27, 1925 C. E. Dora  
 Registrar Registrar

331-1109-929

ONLY 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 order of birth stated.