

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 143

Registered No. 82

1. PLACE OF BIRTH

County Gila State _____
 District or Township Globe, or Village _____
 City Globe, No. Near County Hospital, St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hermenegilda Leos, (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 _____	6. Legitimate? Yes.	7. Date of birth <u>4</u> <u>13</u> <u>1926</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Arnulfo Leos,

9. Residence (Usual place of abode) Globe,
If non-resident, give place and state.

10. Color or race Mex.

11. Age at last birthday 34 (Years)

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

13. Occupation Laborer
Nature of Industry

14. MOTHER
Full maiden name Louise Florez,

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

16. Color or race Mex.

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Mexico,
(State or country)

19. Occupation Housewife,
Nature of Industry

20. Number of children of this mother <u>7</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>2</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? Yes.
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 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 H. E. Wyckoff

 Physician,
(Physician or midwife.)

Given name added from a supplemental report _____
 Month, day, year _____
 Address Globe, Ariz.
 Registrar _____
 Filed 4-30 1926 W. W. Forrest
 Registrar _____

832-413-369

order of birth stated.