

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

State File No. 137a
 Registered No. 94

PLACE OF BIRTH
 City Mila State Arizona
 District or Township Miami or Village _____
 No. 711 Pine Oak St St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Leonore Enciso { If child is not yet named, make supplemental report, as directed.

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 Jan. 21-1928
 Month Day Year

FATHER
 Full name Juan Enciso
 Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona
 1. Color or race Mex. 11. Age at last birthday 20 (Years)
 2. Birthplace (city or place) Tyrone
 (State or country) New Mex.
 3. Occupation
 Nature of industry Miner
 4. Number of children of this mother _____
 (taken as of time of birth of child herein certified and including this child.)

MOTHER
 Full maiden name Aurea Herrera
 15 Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona
 16 Color or race Mex. 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Guanajuato
 (State or country) Mex.
 19. Occupation
 Nature of industry Housewife
 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 alive at 9:20 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.
 Given name added from supplemental report _____
 Month, day, year 356-121-181
 Registrar

Signature Leyla M. Brown M.D.
 Physician
 (Physician or midwife)
 Address Miami, Arizona
 Filed Mar 22 1928 R. E. Jim
 Registrar