

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

State File No. 133
 Registered No. 28

1. PLACE OF BIRTH
 County Gila State _____
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Harry Owen Leonard Jr (If child is not yet named, make supplemental report, as directed.)
 3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes
 5. No., in order of birth. _____ 7. Date of birth April 14 1928
 Month Day Year

8. FATHER
 Full name Harry Owen Leonard
 9. Residence (Usual place of abode) Hayden Ariz
 If non-resident, give place and state.
 10. Color of race White
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Greene Creek Colo.
 (State or country)
 13. Occupation Switch board-Operator
 Nature of industry

14. MOTHER
 Full maiden name Mary Dull
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.
 16. Color of race White
 17. Age at last birthday 17 (Years)
 18. Birthplace (city or state) Daleville Gila
 (State or country)
 19. Occupation Housewife
 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 _____
 (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 _____ at 9:30 a.m. on the date above stated.
 (Born alive or stillborn)

Signature Charles Hurst
 (Physician or midwife)
 Address Hayden, Arizona
 Filed Apr 17, 1928 W.D. Dush Registrar.
 834 - 114 - 123

* 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 a supplemental report _____
 Month, day, year _____
 Registrar _____

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