

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

State File No. 148
 Registered No. 10

1. PLACE OF BIRTH

County Ela State Arizona
 District or Township Claypool or Village _____
 City Miami No. 911 Broad St., _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leila Ynez Echols { 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
 5. No., in order of birth _____ 7. Date of birth January 15 1929
 Month Day Year

8. FATHER
 Full name Martin Bryan Echols

11. MOTHER
 Full maiden name Margaret Webb

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

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

10. Color or race White
 11. Age at last birthday 32 (Years)

16. Color or race White
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Magness
 (State or country) Colorado

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

13. Occupation Repair man, mill
 Nature of industry Copper mine

19. Occupation _____
 Nature of industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) } (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 7:20 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.
 Signature J. J. Miller
 (Physician or midwife).

Given name added from a supplemental report _____
 Address Miami, Ariz
 Month, day, year 355 North 41st
 Filed Jan 20 19 29 Registrar Lois Tom

order of birth stated.