

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

State File No. 130  
76  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 809 Franz Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juana Socorra Leon { 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 Feb. 8 - 1929  
 Month Day Year

**8. FATHER**  
 Full name Alphonso Leon  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 40 (Years)  
 12. Birthplace (city or place) Sonora, Mex.  
 (State or country)  
 13. Occupation  
 Nature of Industry Miner

**14. MOTHER**  
 Full maiden name Romalda Pios  
 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 35 (Years)  
 18. Birthplace (city or place) Zacatecas, Mex.  
 (State or country)  
 19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother. 4 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (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 Romalda at 8:30 A. m. on the date above stated.  
(Born alive or stillborn.)

Signature Cyril M. Brown, M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Filed Feb 20, 1929 Registrar C. E. Jones  
 Registrar

135-208-992

order of birth stated.