

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

State File No. 145a
Registered No. 140

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 52 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Eulalia Leavans (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. 12 - 1929
Month Day Year

8. FATHER
Full name Feliz Leavans
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona

14. MOTHER
Full maiden name Louisa Esparga
15. 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 30 (Years)

16. Color or race Mex.
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

18. Birthplace (city or place) Jalisco Mex.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) 5
(a) Born alive and now living 2
(b) Born alive but now dead 3
(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 born alive at 4¹⁰ A. m. on the date above stated.
(Born alive or stillborn.)

Signature Leyril M. Brown M.D.
Physician
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Apr 12, 1929 Registrar C. E. Dinn

Registrar

Registrar

4360-212-351

order of birth stated.