

If more than one child at a birth, a SEPARATE RETURN must be made for each child, and the name of each child must be stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of Globe
 or Globe
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143
 County Registrar No. 19
 Local Registrar No. 19
 No. 5th + South St. 2 Ward

2. Full name of child Janna Louisa Leas (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 } 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.....
 5. No., in order of birth.....
 6. Legitimate? yes
 7. Date of birth May 6th 1929
 Month day year

8. FATHER
 Full name Arnulfo Leas
 9. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state

14. MOTHER
 Full maiden name Louisa Flores
 15. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state

10. Color or race Mexican
 11. Age at last birthday 38 (Years)

16. Color or race Mexican
 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Mexico
 (State or country)

13. Occupation Moulder, at Foundry
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* P

I hereby certify that I attended the birth of this child, who was born alive at 6:30 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 evidences of life after birth.
 Signature H. E. Wightman, M.D. (Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report Filed 6/7, 1929 by H. E. Wightman Local Registrar.

Month, day, year. Registrar. Filed 19 County Registrar.

132-506-369