

2111

PLACE OF BIRTH *Given name Added by supplement* ARIZONA STATE BOARD OF HEALTH

County of *Maricopa* BUREAU OF VITAL STATISTICS State Index No. *391*
District of *Area #3* ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. *139*
Town of *Mesa* Local Registrar's No. *36v*
or
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD *Leon Preston Winn* { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive }

Sex of Child <i>Male</i>	Twin, Triplet or other	{ and }	Number in order of birth <i>5</i>	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 31 1923</i> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <i>Evan Winn</i>			Full Maiden Name <i>Mabel Cardon</i>		
Residence <i>Mesa, Ariz.</i>			Residence <i>Mesa, Ariz.</i>		
Color or Race <i>White</i>		Age at last Birthday <i>30</i> (Years)	Color or Race <i>White</i>		Age at last Birthday <i>27</i> (Years)
Birthplace <i>Utah</i>			Birthplace <i>Old Mexico</i>		
Occupation <i>Farmer</i>			Occupation <i>Housewife</i>		

Number of Child of this mother *5* Number of children of this mother now living *2* Were precautions taken against Ophthalmia neonatorum? *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on *1/31* 192*3*, at *P* M.

{ When there is no attending physician or midwife, then the householder should make this return. }

(Signature) *G. M. Brown*
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 192 _____ Filed *2-5* - 192*3* Address *Mesa, Ariz.*
J. E. Davis
LOCAL REGISTRAR. *W*

365-131-435 A True Copy Filed *2-7* - 192*3* HARRY J. FELCH, M. D.
COUNTY REGISTRAR. COUNTY REGISTRAR.