

4677

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Greenlee

BUREAU OF VITAL STATISTICS

State Index No. 229

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 198

Town of \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

or \_\_\_\_\_

City of Duncan (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Mildred Leonard } Born } YES  
Allve } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female Twin, Triplet or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legiti- mate? yes Date of Birth Sept 14<sup>th</sup> 1919 (Month) (Day) (Yr.)

FATHER  
Full Name Lester L Leonard  
Residence Duncan Ariz  
Color or Race \_\_\_\_\_ Age at last Birthday 25 (Years)  
Birthplace Evary Mexico  
Occupation Farmer

MOTHER  
Full Maiden Name Margaret Jane Jensen  
Residence Duncan Ariz  
Color or Race \_\_\_\_\_ Age at last Birthday 25 (Years)  
Birthplace Diag Mex  
Occupation Housewife

Number of child of this mother. 3 Number of children, of this mother, now living... 3 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 14 1919, at \_\_\_\_\_ M.

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

(Signature) L J Keelin  
(Attending physician, midwife, householder\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Address Duncan

Filed \_\_\_\_\_ 191 \_\_\_\_\_

LOCAL REGISTRAR.

435-914-415  
COUNTY REGISTRAR.

Filed 10-8 1919

A True Copy J. A. W. Burtch  
COUNTY REGISTRAR.

The attending Physician or Midwife with each local Registrar within 5 days after birth.