

at less than one child at birth, a separate return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

County Registrar No. _____

Local Registrar No. 24

St. _____ Ward _____

(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.

2. Full name of child Julalia Chavez

3. Sex of Child
F

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date of birth Feb 12 - 1927
Month day year

5. No., in order of birth _____

8. FATHER
Full name Juozain Chavez

14. MOTHER
Full maiden name Leonarda Caseres

9. Residence (Usual place of abode) Globe
If nonresident, give place and state _____

15. Residence (Usual place of abode) Globe
If nonresident, give place and state _____

10. Color or race Mex
11. Age at last birthday 28 (Years)

16. Color or race Mex
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Hermosilla - Sonora
(State or country) Mexico

18. Birthplace (city or place) Narajon - Sonora
(State or country) Mexico

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.)
(a) Born alive and now living 5
(b) Born alive but now dead 2
(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 _____ (Born alive or stillborn) at 10:45 m. on the date above stated.

*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 M. M. Horst
(Physician or midwife)

Given name added from a supplemental report _____

Address Globe
Filed 2-28 1927

Month, day, year _____

Local Registrar. _____
County Registrar. _____

137 - 212 - 322