ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 192

Registered No. 88

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Globe No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alvida Chavez { 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 2 | 6. Legitimate? yes | 7. Date of birth Apr. 28, 1927 (Month Day Year)

FATHER	MOTHER
8. Full name Jose Chavez	14. Full maiden name Crecencia Rodriguez
9. Residence (Usual place of abode) Globe, Arizona. If non-resident, give place and state.	15 Residence (Usual place of abode) Globe, Arizona If non-resident, give place and state.
10. Color or race Mexican 11. Age at last birthday 25 (Years)	16 Color or race Mexican 17. Age at last birthday 24 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) Mexico (State or country)
13. Occupation Laborer Nature of industry	19. Occupation Housewife Nature of industry

20. Number of children of this mother Three (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Two (b) Born alive but now dead One (c) Stillborn none

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 (Born alive or stillborn.) at 11:30 A.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 evidence of life after birth.

Signature T. C. Harper Physician (Physician or midwife).

Address Globe Arizona

Given name added from a supplemental report ..... Month, day, year

Registrar

Filed 4-30, 1927 H. Sr. Horst Registrar

139-428-399