ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 132
Registered No. 25
Arizona

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: or Village:

City: Hayden No. St. Ward

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

2. Full name of child: Octaviano Chavez, (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

4. If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term X

7. Legitimate? Yes

8. Date of birth: May 18th, 1933 (Month, day, year)

FATHER

9. Full name: Octaviano Chavez

10. Residence (usual place of abode) (If non-resident, give place and State): Hayden, Arizona

11. Color or race: Mex

12. Age at last birthday: 48 (Years)

13. Birthplace (city or place): Aquas Calientes,
(State or country): Aquas Calientes, Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: May, 1933

17. Total time (years) spent in this work: 4

MOTHER

18. Full maiden name: Solidad Romo

19. Residence (usual place of abode) (If non-resident, give place and State): Hayden, Arizona.

20. Color or race: Mex

21. Age at last birthday: 35 (Years)

22. Birthplace (city or place): Aquas Calientes,
(State or country): Aquas Calientes, Mexico.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: May, 1933

26. Total time (years) spent in this work: 17

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 9 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. If stillborn, period of gestation: months or weeks

29. Cause of stillbirth: Before labor: During labor:

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 5:30 A. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Hurst M. D.

or , Midwife

Address: Hayden, Arizona

Filed May 20th, 1933 W. S. Grant, Registrar.

639-518-296 (Date of) Registrar.

EM 8-12-32 MS-C049