

4843

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila
District of Globe
Town of Globe
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 127 ~~875~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 301

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Chareste } Born } YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child male } Twin, Triplet or other } and } Number in order of birth 4 } Legitimate? ye } Date of Birth Sept 17 1914
(Month) (Day) (Yr.)

FATHER
Full Name Juan Chareste
Residence Globe
Color or Race mex Age at last Birthday 39 (Years)
Birthplace mex
Occupation miner

MOTHER
Full Maiden Name Guadalupe Flores
Residence Globe
Color or Race mex Age at last Birthday 27 (Years)
Birthplace mex
Occupation housewife

Number of child of this mother... 4... Number of children, of this mother, now living... 3... Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 17 1914, at 12 22 AM.
{ *When there is no attending physician or midwife, then the householder should make this return. } (Signature) C. B. Blekeley
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191 _____ Address _____

035-917-762
COUNTY REGISTRAR.

Filed Sept 20 1914 B. G. Fox LOCAL REGISTRAR.
A True Copy Filed Oct 1 1914 B. G. Fox M.D. COUNTY REGISTRAR.