ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164A

Co. Registrar's No. 201

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Chavis

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

Born Alive: YES ~~NO~~

Sex of Child: Male

Twin, Triplet or other: and Number in order of birth:

Legitimate? yes

Date of Birth: Mar. 27 1920 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Estanislaus Chavis	Full Maiden Name	Ascostelle Trafhia
Residence	Globe, Arizona	Residence	Globe, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	29 Years	Age at last Birthday	27 Years
Birthplace	San Marcial, New Mex	Birthplace	Kelly, New Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 3

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 the above child; and that it occurred on Mar 27 1920 at 12 35 A.M.

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

Signature Alvin Kirmse M.D.

Attending physician, ~~midwife, householder.*~~

Address Globe, Ariz.

Given or Christian name added from a supplemental report ..... 191..

Filed Apr 15 1920

B. G. Fox

LOCAL REGISTRAR.

A True Copy

Filed May 5 1920

B. G. Fox

COUNTY REGISTRAR.

COUNTY REGISTRAR.

or [illegible] with each local Registrar within 5 days after birth.

[illegible] certificate must be filed by the attending Physician