1604

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136

Co. Registrar's No. 522

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of ..... (No. ..... St: ..... Ward)

FULL NAME OF CHILD Jesus Jose Chavez | Born Alive | YES ~~NO~~

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

Sex of Child Male | ~~Twin~~, ~~Triplet~~ or other | and | Number in order of birth | Legitimate? yes | Date of Birth Oct. 14 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Jose Chavez	Full Maiden Name	Ignacia Navarette
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	28 Years	Age at last Birthday	19 Years
Birthplace	Chihuahua, Mex	Birthplace	Pinos Altos, New Mex.
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 Oct 14, 1921, at 6 30 M.

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

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

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

Filed Oct 20 1921 B. Mason
LOCAL REGISTRAR.

139-1014-955
COUNTY REGISTRAR.

Filed 11-7 1921 A True Copy B. G. Dot
COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the Attending Physician or midwife with each local Registrar within 5 days after birth.