4678

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each child, 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.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113

Co. Registrar's No. 207

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Widio Chavez

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 8 | Legitimate? yes | Date of Birth May 23 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Evaristo Chavez	Full Maiden Name	Ascencion Udabe
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	Years	Age at last Birthday	34 Years
Birthplace	Jalisco - Mex.	Birthplace	Jalisco - Mex.
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 8 | Number of Children, of this mother, now living 6 | 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 May 23, 1922 at 11 45 P.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.*

Given or Christian name added from a supplemental report 191

Address Miami, Arizona

Filed June 1 1922

A. M. Ford
LOCAL REGISTRAR.

439-523-145
COUNTY REGISTRAR.

Filed 7-5 1922

A True Copy

B. G. Fox
COUNTY REGISTRAR.