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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166

County Registrar No. 101

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe No. St. Ward

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

2. Full name of child Ideofonso Chavez — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male

To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth

6. Legitimate? yes.

7. Date of birth 1-23-24 (Month Day Year)

FATHER

8. Full name Remigio Chavez

9. Residence (Usual place of abode) Globe

If nonresident, give place and state Arizona

10. Color or race Mex

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Chihuahua (State or country) Mexico

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Otilia Franco

15. Residence (Usual place of abode) Globe

If nonresident, give place and state Arizona

16. Color or race Mex.

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Globe (State or country) Arizona

19. Occupation

Nature of industry Housewife.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes.

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 3:15 A.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C W Adams (Physician or ~~midwife~~)

Address Globe, Ariz.

Given name added from a supplemental report ..... Month, day, year. Registrar.

Filed 2/11, 1924 B.G.G. Local Registrar.

Filed 3/5, 1924 B.G.G. County Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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