2104

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172

County Registrar No. 269

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 403 Coffee Canon ~~St.~~ Ward

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

2. Full name of child Manuel Jesus 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 5

6. Legitimate? yes

7. Date of birth Mch. 24 - 24. (Month day year)

8. FATHER	14. MOTHER
Full name Juachin Chavez	Full maiden name Leonarda Casaus
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.	If nonresident, give place and state Ariz.
10. Color or race Mex	16. Color or race Mex
11. Age at last birthday 27 (Years)	17. Age at last birthday 26 (Years)
12. Birthplace (city or place) Sonora	18. Birthplace (city or place) Sonora
(State or country) Mexico	(State or country) Mexico
13. Occupation Nature of industry Miner	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 4
(b) Born alive but now dead 1
(c) Stillborn

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 at 8 P.m. on the date above stated.
(Born alive ~~or stillborn~~.)

*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 evidences of life after birth.

Signature Cyril M. Crow M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed April 30, 1924 C. E. Dixon Local Registrar.

Registrar.

Filed 5-5 1924 B. G. Fay County Registrar.

439-324-332