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WRITE PLAINLY WITH UNFADING INK. BIRTH AND DEATH CERTIFICATES MUST BE FILED FOR EACH CHILD IN ORDER OF BIRTH STATED.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 1. County of Cochise
 District of _____
 Town of Maricopa
 or _____
 City of _____
 No. 1007 Lwe Oaks St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Francisco Chacon } 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? _____ 7. Date of birth Oct-4-1924
 Month day year

| FATHER | | MOTHER | |
|--|--|--|---|
| 8. Full name <u>Enastacio Chacon</u> | 14. Full maiden name <u>Carmen Agarte</u> | 9. Residence (Usual place of abode) <u>Maricopa Ariz</u> If nonresident, give place and state | 15. Residence (Usual place of abode) <u>Maricopa Ariz</u> If nonresident, give place and state |
| 10. Color or race <u>Mexican</u> | 11. Age at last birthday <u>21</u> (Years) | 16. Color or race <u>Mexican</u> | 17. Age at last birthday <u>18</u> (Years) |
| 12. Birthplace (city or place) <u>Mexico</u> (State or country) | 13. Occupation <u>Labour</u> Nature of industry | 18. Birthplace (city or place) <u>Mexico</u> (State or country) | 19. Occupation <u>Housewife</u> Nature of industry |
| 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 <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>None</u> | | 21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was _____ at 3:00 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 P. J. Jotepm
 Address Maricopa Ariz
 Given name added from _____
 a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed Oct 31 1924
 Filed 11-5 1924
 Local Registrar. R. G. Dixon
 County Registrar.

635-1004-345