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.

PLACE OF BIRTH

1. 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. 206

County Registrar No. 952

Local Registrar No.

No. 4081 Highland Ave ~~St.~~ Ward

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

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

3. Sex of Child: Female

To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth 3

6. Legitimate? yes

7. Date of birth Nov. 29 1924. (Month day year)

8. FATHER

Full name Salvador Chavez

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race Mex.

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Durango

(State or country) Mex

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Luz Sepulveda

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race Mex

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Casa Grande

(State or country) Mex.

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

(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 (Born alive or stillborn) at 9 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 evidences of life after birth.

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

Address Miami, Ariz.

Given name added from a supplemental report

Month, day, year.

Registrar.

Filed Dec 31, 1924 R. E. Green Local Registrar.

Filed 1-5 1925 B. G. Fia County Registrar.

539-1129-321