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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila District of \_\_\_\_\_ Town of \_\_\_\_\_ or City of Globe No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Thomas 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 12-21-24 Month day year

8. FATHER Full name <u>Francisco Chavez</u>	14. MOTHER Full maiden name <u>Concepcion Morales</u>
9. Residence (Usual place of abode) <u>Globe Ariz</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Globe Ariz</u> If nonresident, give place and state
10. Color or race <u>Mex.</u>	16. Color or race <u>Mex.</u>
11. Age at last birthday <u>30</u> (Years)	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Chihuahua Mexico</u> (State or country)	18. Birthplace (city or place) <u>Tucson Ariz</u> (State or country)
13. Occupation Nature of industry <u>Miner</u>	19. Occupation Nature of industry <u>Housewife</u>

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 1 (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 3:00 p.m. on the date above stated.

Signature C. W. Adams (Physician or midwife)  
Address Globe Ariz  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed 12-25, 1924 R. E. Gray Local Registrar  
Filed 1-6, 1925 R. E. Gray County Registrar

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