

PLACE OF BIRTH

1. County of Sila

District of _____

Town of Miami

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 164

County Registrar No. _____

Local Registrar No. _____

No. _____ St. _____ Ward _____

2. Full name of child Carlos Enrique Chiquete (If birth occurred in a hospital or institution, give its NAME instead of street and number)

(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 3 6. Legitimate? yes 7. Date of birth Feb. 18 - 19208. FATHER
Full name Carlos Chiquete9. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 33 (Years)12. Birthplace (city or place) Sinaloa, Mex.
(State or country)13. Occupation
Nature of industry Laborer14. MOTHER
Full maiden name Rosa Alcalá15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.16. Color or race Mex. 17. Age at last birthday 30 (Years)18. Birthplace (city or place) Sinaloa, Mex.
(State or country)19. Occupation
Nature of industry Housewife20. 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? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 2:30 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 evidence of life after birth.
Signature: Byril M. Brown M.D. (Physician or midwife).
Address: Miami, ArizonaGiven name added from a supplemental report. Month, day, year _____ Filed April 15, 1925 Person D. Grayton Local Registrar.

Registrar _____

Filed _____, 19 _____ County Registrar.

335 - 318 - 911

MARGIN RESERVE FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Use of more than one ink at a birth, a SEPARATE RETURN must be made for each, and the number of each.
order of birth stated.