

Supplement Attached
ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 186

Registered No. _____

Local Registrars - 168

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aveline Chavez
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F 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 4-24-25
 Month Day Year

8. FATHER
 Full name Teodoro Chavez
 9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 42 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Esperanza Reyes
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 3
 (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 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 at 4:00 A 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 C. W. Adams
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Globe Arizona

Filed Apr 30, 1925 at St. Mont
 Registrar

139-424-592

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. ADJOINING INK—RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN SEPARATE RETURN MUST BE MADE FOR EACH, 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, and the number of each in order of birth stated.