

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 213

County Registrar No. 69

Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Chaidez { 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 2 5. No. in order of birth 2 6. Legitimate? yes 7. Date of birth May 19, 1925
Month Day Year

8. FATHER Full name Becente Chaidez

9. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Durango Mex.
(State or country)

13. Occupation Nature of industry Miner

14. MOTHER Full maiden name Guadalupe Basquez

15. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Clifton Ariz.
(State or country)

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 2
(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 at 8:30 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 Beryl M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed May 23, 1925 P. E. Davis Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar _____

139-579-729