

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of MaricopaTown of Maricopaor MaricopaCity of Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 165

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 283# Local Registrar No. 1222. Full name of child Young Corning I. Choat

(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 MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

0. Legitimate? yes

7. Date

Sept 28 - 75

Month Day Year

5. No., in order of birth

8. FATHER

Full name Vernon E. Choat

9. Residence

(Usual place of abode) St. # 172

If non-resident, give place and state.

10. Color or race Mexican11. Age at last birthday 30 (Years)12. Birthplace (city or place) Hurley(State or country) Mich.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Constance E. Choat

15. Residence

(Usual place of abode) St. # 172

If non-resident, give place and state.

16. Color or race Mexican17. Age at last birthday 18 (Years)18. Birthplace (city or place) Morenci Ariz.

(State or country)

19. Occupation

Nature of industry House Wife

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 one(b) Born alive but now dead none

(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 alive at 9:45 m. on the date above stated

(Born alive or stillborn.)

Signature X Ha Choat

(Physician or midwife)

Address 720 Sully St.Given name added from
a supplemental report

Month, day, year

362-928-162

Registrar

Filed Oct 7, 1975

Filed

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Local Registrar.

County Registrar.

MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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