

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 93

Registered No. 120

1. PLACE OF BIRTH

County Gila State Arizona
 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 Daniel Chavez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
<u>Male</u>			<u>yes</u>	<u>6-3-26</u> Month Day Year
		5. No., in order of birth		

8. FATHER

Full name Pedro Chavez

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

10. Color or race Mex

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation Miner
 Nature of Industry

14. MOTHER

Full maiden name Hoacina Agaray

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

16. Color or race Mex

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother. <u>5</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead _____	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a m. on the date above stated
(Born alive or stillborn.)

Signature C. W. Adams
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe Ariz.
 Month, day, year _____

Filed 6/31/26 W. W. Noret
 Registrar

Registrar

439-603-818

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.

STANDARD REGISTRATION FOR BIRTHS