

CERTIFICATE AMENDED
SEE NOTATION

Item 2 - Name changed by Maricopa Co., Arizona
Superior Court Order # 145381 (12-3-68 same)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 119

Registered No. 276

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 Arturo Chavez Arthur Reyes Lopez { 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 _____ 6. Legitimate? yes 7. Date of birth 12-2-26
Month Day Year

8. FATHER Full name Teodoro Chavez

14. MOTHER Full maiden name Esperanza Reyes

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

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

10. Color or race Mex 11. Age at last birthday 41 (Years)

16. Color or race Mex 17. Age at last birthday 25 (Years)

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

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

13. Occupation Nature of Industry Miner

19. Occupation Nature of Industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(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
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe Ariz

Month, day, year _____ Filed 12/31 1926 W. St. Hunt Registrar

139-1502-592

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 SHOWN.