

Supplement Attached

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Globe  
Town of Globe  
or  
City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 203  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 31

2. Full name of child Maria Chavez  
(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 Female 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 2-28-28  
Month Day Year

8. FATHER  
Full name Pedro Chavez

14. MOTHER  
Full maiden name Hanquing Chavez

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

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

10. Color or race Mex-  
11. Age at last birthday 30 (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 laborer

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 5  
(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 10.00 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 C. W. Adams (Physician or midwife)  
Address Box 636, Globe, Ariz

Given name added from a supplemental report. Filed 2/10, 1928 G. E. Wightman Local Registrar.

Month, day, year. Filed \_\_\_\_\_, 19\_\_\_\_ Registrar \_\_\_\_\_ County Registrar.

Registrar

439-228-139

order of birth stated.

N. D.