ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1380

Registered No. 176

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No. 1145 Pine Oak St. St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Ingracia Chavez {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: Apr. 16 1928. (Month Day Year)

FATHER

8. Full name: Evaristo Chavez

9. Residence (Usual place of abode): Miami,

If non-resident, give place and state: Arizona.

10. Color or race: Mex.

11. Age at last birthday: 41 (Years)

12. Birthplace (city or place): Jalisco,

(State or country): Mex.

13. Occupation: Miner

Nature of industry:

MOTHER

14. Full maiden name: Ascencion Udabe

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona.

16. Color or race: Mex.

17. Age at last birthday: 37 (Years)

18. Birthplace (city or place): Jalisco,

(State or country): Mex.

19. Occupation: Housewife

Nature of industry:

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: 9

(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 alive (Born alive ~~or stillborn~~) at 5 P. m. on the date above stated.

* 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: Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~).

Given name added from a supplemental report

Address: Miami, Arizona

Month, day, year

Filed: May 12, 1928 E. E. Fox

Registrar.

Registrar.

939-416-145