

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, giving the number of each order of birth stated.

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF BIRTH

State File No. 175  
 Registered No. 388

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 48 Mex. Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Chavez 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 \_\_\_\_\_ }  
 5. No., in order of birth \_\_\_\_\_ }  
 6. Legitimate? yes }  
 7. Date of birth Aug. 31-1928  
Month Day Year

**8. FATHER**  
 Full name Perfecto Chavez

**14. MOTHER**  
 Full maiden name Saragoza Maria de la Luz

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

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

10. Color or race Mex.  
 11. Age at last birthday 37 (Years)

16. Color or race Mex.  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Jalisco Mex.  
(State or country)

18. Birthplace (city or place) Michoacan Mex.  
(State or country)

13. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 2  
 (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 at 1:15 p.m. on the date above stated.  
(Born alive or stillborn)

Signature Leyril M. Brown M.D.  
Physician  
(Physician or midwife)

Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Filed Sept 12 1928 L. E. Dinn  
 Registrar. Registrar.

132-831-141