

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, order of birth stated.

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

State File No. 105
Registered No. 157

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 Raymundo 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 Sept. 1, 1928
Month Day Year

8. FATHER
Full name Remigio Chavez

14. MOTHER
Full maiden name Otila Franca

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

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

10. Color or race Mexican 11. Age at last birthday 39 (Years)

16. Color or race Mexican 17. Age at last birthday 29 (Years)

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

18. Birthplace (city or place) Globe Arizona
(State or country)

13. Occupation miner
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 5 } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 alive at 4:00 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
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year

Address Box 36 Globe, Ariz.

Registrar _____

Filed 10/11, 1928 H. E. Wightman
Registrar

939-901-661