

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 in

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

State File No. 140  
Registered No. 449

1. PLACE OF BIRTH  
County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1130 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 Anastacio Chacon (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct. 8-1928</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER  
Full name Anastacio Chacon  
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 24 (Years)  
12. Birthplace (city or place) Chihuahua  
(State or country) Mex  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Carmen Ugarte  
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 21 (Years)  
18. Birthplace (city or place) Durango  
(State or country) Mex.  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 6  
(Taken as of time of birth of child herein certified and including this child).  
(a) Born alive and now living 3  
(b) Born alive but now dead 3  
(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 6 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 Lyril M. Brown M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed Nov 3 1928 Registrar. L. E. Tom

Registrar. 135-1008-345