

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 193
 County Registrar No. _____
 Local Registrar No. 2

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Sylvestre 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. _____ 6. Leg (limate?) yes 7. Date of birth Dec 31 1928
 Month Day Year

8. FATHER
 Full name Jaquin Chavez
 9. Residence Globe
 (Usual place of abode) Ariz
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Leonida Caseres
 15. Residence Globe
 (Usual place of abode) Ariz
 If non-resident, give place and state.

10. Color or race Mex
 11. Age at last birthday 32 (Years)

16. Color or race Mex
 17. Age at last birthday 30 (Years)

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

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

13. Occupation Miner
 Nature of industry Copper Miner

19. Occupation housewife
 Nature of industry

20. Number of children of this mother } (a) Born alive and now living _____
 (Taken as of time of birth of child herein } (b) Born alive but now dead _____
 certified and including this child.) } (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 5:00 A 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 Paul Quinn
 (Physician or midwife)
 Address Globe Arizona

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

Filed 2/10, 1929 H. E. Wightman
 Local Registrar.

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 County Registrar.

Registrar

239.1231-336