

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157
County Registrar No. 28
Local Registrar No. 28

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or _____
City of _____

No. 33 Pine Oak Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Ramirez

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. Legitimate? yes 7. Date of birth Jan. 11, 1927
Month Day Year

8. FATHER
Full name Marcial Ramirez
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Aguas Calientes Mex.
(State or country) Mex.
13. Occupation Millman
Nature of Industry Mining

14. MOTHER
Full maiden name Modesta Alva
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Aguas Calientes Mex.
(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 3
(b) Born alive but now dead 1
(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 at 3³⁰ 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 Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 7, 1927 L. E. Davis Local Registrar.
Month, day, year
Registrar _____ Filed _____, 19____ County Registrar.

499-111-411

N. B. - In case of more than one child at a birth, a SEPT. order of birth stated. IF REQUIREMENT to be made for each and ml. of each in