

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

State File No. 179  
 Registered No. 8

**1. PLACE OF BIRTH**

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

**2. Full name of child**

Rudolpho Ramos (If child is not yet named, make supplemental report, as directed.)

**3. Sex of Child**

To be answered ONLY in event of plural births.

**4. Twin, triplet or other**

**6. Legitimate?**

Male Yes  
**7. Date of birth** Jan 20 1927  
Month Day Year

**5. No., in order of birth** 1

**8. FATHER**  
 Full name Jesus Ramos

**14. MOTHER**  
 Full maiden name Luz Hernandez

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

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

**10. Color or race**  
Mexican

**11. Age at last birthday** 24 (Years)

**16. Color or race**  
Mexican

**17. Age at last birthday** 16 (Years)

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

**18. Birthplace (city or place)**  
 (State or country) San Julian Jalisco

**13. Occupation**  
 Nature of industry Penitentiary  
Insured

**19. Occupation**  
 Nature of industry House wife

**20. Number of children of this mother** 1  
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1  
 (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 \_\_\_\_\_ at 4:15 p.m. on the date above stated

\* 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 Charles H. Harts

(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Hayden, Ariz

Filed Jan 22, 1927 W. D. Mack  
 Registrar

PERMANENT RECORDS  
 At \_\_\_\_\_ With USFAD, AG  
 N. B. - If case of more than one child at a birth, a SEPARATE RECORD must be made for each, and the number of each in order of birth stated.

992-120-389