

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

State File No. 176
 Registered No. 204

1. PLACE OF BIRTH

County Yila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1013 Dept Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eligio 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** _____ **5. Legitimate?** yes
6. No., in order of birth _____ **7. Date of birth** May 20 1921
Month Day Year

8. FATHER
 Full name Silvestre Ramirez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) _____
(State or country) Mexico
13. Occupation Miner
 Nature of industry Copper

14. MOTHER
 Full maiden name Francisca Carrera
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) _____
(State or country) Mexico
19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.) **(a) Born alive and now living** 2
(b) Born alive but now dead 0
(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 born alive at 12:10 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 J. J. Miller
Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Filled May 25, 1921 L. E. Dorn
 Registrar Registrar

599-520-631

MARGIN RESERVE - FOR BINDING
 WRITE IN SLY 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 order of birth stated.