

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

State File No. 201
 Registered No. 421

I. PLACE OF BIRTH

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

2. Full name of child Ramon Zepeda { 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
 5. No., in order of birth _____ 7. Date of birth Aug-31-1927
Month Day Year

8. **FATHER**
 Full name Eugenio Zepeda
 9. Residence Miami
(Usual place of abode)
 If non-resident, give place and state. Arizona

10. Color or race Mex.
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) Zacatecas
(State or country) Mex.

13. Occupation
 Nature of industry Carpenter

14. **MOTHER**
 Full maiden name Virginia Cordoba
 15. Residence Miami
(Usual place of abode)
 If non-resident, give place and state. Arizona

16. Color or race Mex.
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Durango,
(State or country) Mex.

19. Occupation
 Nature of industry Housewife

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 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 born alive at 4⁵⁵ 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 Cyril M. Brown M.D.
 Physician (Physician or midwife)

Given name added from _____ Address Miami, Arizona
 a supplemental report _____ Month, day, year _____

Filed Sept 30, 1927 E. E. King
 Registrar Registrar

991-831-531