

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

State File No. 118  
 Registered No. 748

**1. PLACE OF BIRTH**

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

2. Full name of child Ramondo Ramos 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. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Apr. 13, 1930  
 Month Day Year

8. FATHER  
 Full name Antonio Ramos

14. MOTHER  
 Full maiden name Ursula Salas

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

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

10. Color or race Mexican 11. Age at last birthday 38 (Years)

16. Color or race Mex 17. Age at last birthday 36 (Years)

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

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

13. Occupation Laborer  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 8  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 6  
 (b) Born alive but now dead 2  
 (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 8:10 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 T. S. Harper  
physician (Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Slobo Arizona

Month, day, year 9 9 2 - 4 1 3 - 4 2 2  
 Registrar 5712 1930 H. E. Kighorn Registrar