

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

State File No. 199
 Registered No. 184

PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 17 Puerto Rico Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luz Ramirez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child female 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 April - 22 - 1930
 Month Day Year

8. FATHER
 Full name Ramon 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 38 (Years)
 12. Birthplace (city or place) La Labor
 (State or country) Sonora - Mex.
 13. Occupation miner
 Nature of Industry _____

14. MOTHER
 Full maiden name Josefa Monroy
 15. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 39 (Years)
 18. Birthplace (city or place) Chihuahua
 (State or country) Chihuahua - Mex.
 19. Occupation house wife
 Nature of Industry _____

20. Number of children of this mother 9 } (a) Born alive and now living 9
 (Taken as of time of birth of child herein } (b) Born alive but now dead 2
 certified and including this child.) } (c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? Protargol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:15 pm 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. Jimenez Altama M.D.
 (Physician or midwife.)

Given name added from a supplement report. _____
 Address P. O. Box 1663 Miami Arizona
 Month, day, year 399-422-148
 Registrar. C. E. Jovin
 Filed Apr 30 1930 Registrar.