

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 175

Registered No. 234

**1. PLACE OF BIRTH**

County Pima State Ariz

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 José Ramirez } If child is not yet named, make supplemental report, as directed.

8. Sex of Child Boy To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ } 6. Legitimate? Yes } 7. Date of birth May 17 - 1930  
5. No., in order of birth. \_\_\_\_\_ } Month Day Year

**FATHER**  
8. Full name Gregorio Ramirez

**MOTHER**  
14. Full maiden name Leonor Gonzales

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

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

10. Color or race Mex 11. Age at last birthday 37 (Years)

16. Color or race Mex 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Guerra Mex  
(State or country)

18. Birthplace (city or place) Mexico City  
(State or country)

13. Occupation Miner  
Nature of Industry

19. Occupation house wife  
Nature of Industry

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 9:15 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. M. Castillo  
(Physician or midwife.)

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

Filed May 20 1930 Registrar J. R. Tom

192-517-272

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.