

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

State File No. _____
Registered No. 139

1. PLACE OF BIRTH.

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Navara Ramirez (If birth occurred in a hospital or institution, give its NAME instead of street and number)
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. Legitimacy Legal 7. Date of birth July 12, 1930
Month Day Year

8. Full name FATHER Jose Ramirez

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

10. Color or race Mex.

11. Age at last birthday 29 (Years)

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

13. Occupation Laborer
Nature of Industry

14. Full maiden name MOTHER Cruz Pena

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

16. Color or race Mexican

17. Age at last birthday 16 (Years)

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

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 1
(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 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 5:15 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. G. Harper
Physician
(Physician or Midwife)

Given name added from a supplemental report _____ Address Globe, Ariz.
Month, day, year

Filed 8/9 1930 Registrar T. G. Wightman
Registrar

599-712-371

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.