

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.

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

State File No. 206
 Registered No. 182

1. PLACE OF BIRTH
 County Cila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jeromino Ramirez (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
7. Date of birth Aug. 31, 1930
 Month Day Year

8. FATHER
 Full name Trinidad 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 22 (Years)

14. MOTHER
 Full maiden name Julia Carbojal
15. Residence
(Usual place of abode) Globe Ariz.
 If non-resident, give place and state. _____
16. Color or race mex
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico
13. Occupation
 Nature of industry Laborer

18. Birthplace (city or place) _____
(State or country) El Paso Tex
19. Occupation
 Nature of industry Housewife

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 <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 4:00 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. C. Harper
Physician
(Physician or Midwife).
 Given name added from a supplemental report _____ Address Globe, Ariz.
 Month, day, year _____
 Registrar _____ Filed 9/18 1930 H. E. English Registrar

199-831-133