

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 542
Registered No. 542

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 724 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gloria 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 Sept 21 1930 Month Day Year

8. FATHER
Full name Ramon Ramirez

14. MOTHER
Full maiden name Dolores Marena

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

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

10. Color or race Mexican

11. Age at last birthday 28 (Years)

16. Color or race Mexican

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Tucson
(State or country) Arizona

18. Birthplace (city or place) Clifton
(State or country) Arizona

13. Occupation Miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5
(b) Born alive but now dead 1
(c) Stillborn _____

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 alive at 5:15 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. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Sept 21 1930 Registrar C. E. Jones

799-921-441

REPRODUCED BY COURTESY OF UHLMAN BROTHERS