

ARIZONA STATE BOARD OF HEALTH

112

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 598
Registered No. 598

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township Lower Miami or Village _____
City MIAMI, ARIZONA No. 1 Warrior Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leonora 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 Nov 6 1930 }
Month Day Year

8. FATHER
Full name George 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 2 (Years)
12. Birthplace (city or place) Miami Arizona
(State or country)
13. Occupation Lead Burner helper
Nature of Industry Copper mining mill

14. MOTHER
Full maiden name Eduviges Reyes
15. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 17 (Years)
18. Birthplace (city or place) Clifton Arizona
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother. 1 } (a) Born alive and now living 1 } 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 0 }
} (c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:05 A on the date above stated.
(Born alive or stillborn)

Signature F. F. Miller
F. F. MILLER, M. D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address MIAMI, ARIZONA
Month, day, year _____
Registrar. J. E. Jones

Filed Nov 14 30 1930 Registrar.

399-1106-599