

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File **00108**

Registered No. **76**

1. PLACE OF BIRTH

County Sila State Arizona
 Township Hayden or Village _____
 City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alexandro Ramirez If child is not yet named, make supplemental report, as directed

Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.....	6. Premature.....	7. Legitimacy <u>Legitimate</u>	8. Date of birth <u>Feb 2</u> , 19 <u>31</u> <small>(month, day, year)</small>
		5. Number, in order of birth.....	Full term.....		

9. Full name of FATHER
Thomas Ramirez

10. Residence (usual place of abode)
(If nonresident, give place and State) Hayden

11. Color or race Mex **12. Age at last birthday** 24 (Years)

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

18. Full maiden name of MOTHER
Fuente Maria

19. Residence (usual place of abode)
(If nonresident, give place and State) Hayden

20. Color or race Mex **21. Age at last birthday** 29 (Years)

22. Birthplace (city or place)
(State or country) Magdalena

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

15. Industry or business in which work was done, as mill, sawmill, bank, etc. Copper Mill

16. Date (month and year) last engaged in this work Feb 3, 1931

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work Feb 3, 1931

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks **29. Cause of stillbirth** _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or deceased) at 2:20 p.m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Charles H. Hunt, M.D.

Given name added from a supplemental report _____ (Date of) _____

Address Hayden

Filed Feb 7, 1931 W.D. Duval Registrar.

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