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

State File No. 29139
Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P.O. Box 1656 Miami

City: Miami No. 3123 Turkey Shoot St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Ramon Montenez {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: 5. No., in order of birth: | 6. Legitimate? yes | 7. Date of birth: Sept. 17 1931 (Month Day Year)

8. FATHER

Full name: Jesus Montenez

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Mex. 11. Age at last birthday: 27 (Years)

12. Birthplace (city or place): Durango

(State or country): Mex.

13. Occupation

Nature of industry: Miner

14. MOTHER

Full maiden name: Felicita Velasquez

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Mex 17. Age at last birthday: 25 (Years)

18. Birthplace (city or place): Aguas Caliente

(State or country): Mex.

19. Occupation

Nature of industry: Housewife

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: 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 (Born alive or stillborn) at 11 15 a.m. on the date above stated.

Signature: Cyril M. Crow M.D. (Physician or midwife).

Address: Miami, Arizona.

Filed Oct 5, 1931 C. E. Zarin Registrar

* 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.

Given name added from a supplemental report 949-97-659 Month, day, year

Registrar

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING