

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

State File No. 104 ua
 Registered No. 31

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ Village Gen. Del.
 City Miami No. 517 Sikes St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramon Ceja
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other <u>no.</u>	5. Legitimate? <u>yes</u>	7. Date of birth Month <u>Feb</u> Day <u>6</u> Year <u>1932</u>
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8. FATHER
 Full name Luis Ceja

14. MOTHER
 Full maiden name Gomercilda Magdalena

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 Mex.
 11. Age at last birthday 39 (Years)

16. Color or race Mex.
 17. Age at last birthday 28 (Years)

12. Birthplace (city or place)
Michoacan Mex.
 (State or country)

18. Birthplace (city or place)
Jalisco Mex.
 (State or country)

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (b) Born alive but now dead 0
 (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 at 7:23 A. 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 Leynel M. Brown M.D.

(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
931-206-746
 Registrar

Address Miami, Arizona
 File Mich 11 19 32 H. E. Irvine
 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.