ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

146

State File No.

Registered No. 74

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village P. O. Box 1031 - Miami - Ariz.

City Miami No. 1015 Depot Hill St. Ward

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

2. Full name of child Salvador Ramirez

{ 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 Mch. 25 - 1932. (Month Day Year)

8. FATHER

Full name Juan Ramirez

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 45 (Years)

12. Birthplace (city or place) Jalisco

(State or country) Mex.

13. Occupation

Nature of Industry Mining

14. MOTHER

Full maiden name Maria R. Ramirez

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 42 (Years)

18. Birthplace (city or place) Jalisco

(State or country) Mex.

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 17

(a) Born alive and now living 7

(b) Born alive but now dead 8

(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 born alive (Born alive or stillborn.) at 5:30 P.m. on the date above stated.

* 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 Cyril M. Crow M.D. (Physician or midwife).

Address Miami, Arizona.

Given name added from a supplemental report (Month, day, year)

299-325-499 Registrar

Filed April 2, 1932 C. E. Orme Registrar

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.

MARGIN RESERVED FOR BINDING