ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 95

Registered No. 46

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.

1. PLACE OF BIRTH

County: Gila State: Ariz.

District or Township: or Village:

City: Globe No. St. Ward

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

2. Full name of child: Vicente Ramos (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: 4-5-32 (Month Day Year)

FATHER

8. Full name: Antonio Ramos

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz.

10. Color or race: Mex.

11. Age at last birthday: 41 (Years)

12. Birthplace (city or place):

(State or country): Mex.

13. Occupation: Laborer

Nature of industry:

MOTHER

14. Full maiden name: Ursula Solo

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz.

16. Color or race: Mex

17. Age at last birthday: 38 (Years)

18. Birthplace (city or place):

(State or country): Mex

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 10

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 8

(b) Born alive but now dead: 2

(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 7:55 P. 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: T. C. Harper

Physician

(Physician or midwife)

Address: Globe, Arizona

Given name added from a supplemental report:

Month, day, year

Registrar

Filed 5/5 1932 L. E. Wightman

Registrar

592-405 on 422