

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

State File No. 130
 Registered No. 124

1. PLACE OF BIRTH

County Dila State ARIZONA
 District or Township _____ or Village _____
 City MIAMI No. 1151 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramon Mearns { 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. Legitimacy yes
 6. No., in order of birth _____ 7. Date of birth May 14 1932
Month Day Year

8. FATHER
 Full name Ramon Mearns

14. MOTHER
 Full maiden name Ampara Arredondo

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 Mexican

11. Age at last birthday 29 (Years)

16. Color or race Mexican

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation miner
 Nature of Industry Copper

19. Occupation _____
 Nature of Industry Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (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 alive at 3:15 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 F. F. Miller
 F. F. MILLER, M. D.
(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year 9-12-34
 Registrar [Signature]

Address MIAMI, ARIZONA
 Filed June 4, 1932 [Signature]
 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