

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 101

Registered No. 205

1. PLACE OF BIRTH

County Gila

Township

City Marius

State

or Village 1007 W. Oak St

No. 1007 St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramirez

If child is not yet named, make supplemental report, as directed

3. Sex Male

If plural births

4. Twin, triplet, or other

6. Premature Full term

9. Date of birth Sept 18, 1932
(Month, day, year)

9. Full name Royes Carillo

10. Residence (usual place of abode) Mexico
(If nonresident, give place and State)

18. Name of mother Estilo Ramirez

19. Residence (usual place of abode) Mexico
(If nonresident, give place and State)

11. Color Mex

12. Age at last birthday 20 (Years)

20. Color Mex

21. Age at last birthday 19 (Years)

13. Birthplace (city or place) Mexico
(State or country)

22. Birthplace (city or place) Mexico
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 1

28. If stillborn, period of gestation (months or weeks)

29. Cause of stillbirth Premature

Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:30 PM on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Melvin D. Grayson

Given name added from a supplemental report (Date of)

or Melvin D. Grayson Midwife

Address Marietta, Arizona

Filed Oct 10, 1932 Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

099-918-599