ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 99

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State Ariz

Township or Village

City Winkelman St. Ward

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

2. Full name of child Ramundo Santiago Ochoa (If child is not yet named, make supplemental report, as directed)

3. Sex M.O. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Aug 30, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Ramondo Ochoa	18. Full maiden name Chonita Reina
10. Residence (usual place of abode) (If non-resident, give place and State) Winkelman	19. Residence (usual place of abode) (If non-resident, give place and State) Winkelman
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 33 (Years)	21. Age at last birthday 32 (Years)
13. Birthplace (city or place) Phoenix (State or country) Ariz	22. Birthplace (city or place) Florence (State or country) Ariz
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Auto	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife
16. Date (month and year) last engaged in this work Aug, 1933	25. Date (month and year) last engaged in this work Aug, 1933
17. Total time (years) spent in this work 1	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 5 (b) Born alive but now dead 0 (c) Stillborn

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth 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 or stillborn) at 2:30 p m. on the date above stated

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

(Signed) Charles K. Hirsten M. D.

or Midwife

Address Hayden Ariz

Filed Sept 5th, 1933 P. J. Hutton Registrar.

Given name added from a supplemental report (Date of)

Registrar.

IM 8-17-32 MS-47048

961-830-391

In order of birth stated.