9405

Write ...y, with Unfa...g Ink.—This is a Pern... ...ecord.

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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 77

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 175

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Ramon Aragon. Born Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female ~~Twin~~, Triplet or other and Number; in order of birth 2 Legitimate? Yes Date of Birth 20th Aug 1911 (Month) (Day) 19 (Yr.)

FATHER		MOTHER	
Full Name	Simon Aragon	Full Maiden Name	Louisa Aragon
Residence	Clifton Ariz	Residence	Clifton Ariz
Color or Race	Mexican — Age at last Birthday 30 (Years)	Color or Race	Mexican — Age at last Birthday 17 (Years)
Birthplace	Mexico	Birthplace	United States
Occupation	Smelter-man	Occupation	Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | Were Precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Aug 20th 1911, at 6 A M

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) John H. Lacy MD (Attending physician, midwife, householder*)

Given or christian name added from a supplemental report 191

Address Miami Ariz

Filed Sept 12 1911 B. G. Fox LOCAL REGISTRAR.

915-820-215 COUNTY REGISTRAR.

Filed Oct 5 1911 B. G. Fox W.W. COUNTY REGISTRAR.