

134

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

State File No. 420
Registered No. 32

1. PLACE OF BIRTH

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

2. Full name of child Ester Martinez Rameriz
3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes 7. Married yes 8. Date of birth January 7, 1913
(Month, day, year)

9. Full name Jesus Rameriz FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona
11. Color or race mex 12. Age at last birthday 34 (Years)
13. Birthplace (city or place) La Paz (State or country) Lower Calif.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Leocitas Martinez MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona
20. Color or race mex 21. Age at last birthday 35 (Years)
22. Birthplace (city or place) Leon Guanajuato (State or country) Mexico
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
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 4 (b) Born alive but now dead 0 (c) Stillborn 0
28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or 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 1:00 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) J. de Rameriz (mother) Midwife
or _____
Given name added from a supplemental report 599-107-649 (Date of) _____
Address Hayden, Arizona
Filed Sept 26 1935 Registrar.

10M-9-1-34 FORM No. 2
Subscribed and sworn to before me this 26th. day of September, 1935.
W. J. Dush
Justice of the Peace
Hayden, Arizona

MARGIN RESERVED FOR BINDING
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 must be stated in order of birth.