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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Pima
District of Miami
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS **130** State Index No. **902**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **824**
Local Registrar's No. _____

FULL NAME OF CHILD Annie Marguerite Ramirez } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Yes Date of Birth Sept. 20, 1915
(Month) (Day) (Yr.)

FATHER
Full Name Francis Co Ramirez
Residence Miami, Ariz.
Color or Race Mexican Age at last Birthday 30 (Years)
Birthplace America
Occupation Miner

MOTHER
Full Maiden Name Maggie Williams
Residence Miami
Color or Race Mexican Age at last Birthday 21 (Years)
Birthplace America
Occupation Housewife

Number of child of this mother... 3 Number of children, of this mother, now living... 3 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 Sept. 20, 1915 at 8:45 A.M.

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

(Signature) [Signature]
(Attending physician, midwife, householder, etc.)

Given or christian name added from a supplemental report _____ 191_____

Address Miami, Ariz.

199-920-462
COUNTY REGISTRAR.

Filed Dec 20, 1915

John H. Looney
LOCAL REGISTRAR.

Filed Jan 7, 1916

A True Copy [Signature]
COUNTY REGISTRAR.

RECEIVED BY THE COUNTY REGISTRAR WITHIN 5 DAYS AFTER