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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128

Co. Registrar's No. 574

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Miami

or

City of

(No. St; Ward)

FULL NAME OF CHILD

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 6 | Legitimate? Yes | Date of Birth Nov. 25 1918 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Daniel Ramirez	Full Maiden Name	Concepcion Diaz
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	32 Years	Age at last Birthday	28 Years
Birthplace	Jalisco Mex	Birthplace	Jalisco Mex.
Occupation	Smelterman	Occupation	Housewife

Number of child of this Mother 6 | Number of Children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov 25 1918, at 5 15 M.

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

Signature [illegible]

Attending physician, midwife, householder.*

Address Miami Ariz

Given or Christian name added from a supplemental report 191

Filed Dec 8 1918

[illegible]

LOCAL REGISTRAR.

099-1125-349

COUNTY REGISTRAR.

Filed Jan 8 1919

A True Copy

B. G. Fox

COUNTY REGISTRAR.