4506

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 111

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 48

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 Marcario Ramirez | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin~~, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
Male			1st	yes	Jan.	2	1919

FATHER		MOTHER	
Full Name	Francisco Ramirez	Full Maiden Name	Fabiana De La Riva
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	24 Years	Age at last Birthday	18 Years
Birthplace	Jalisco - Mexico	Birthplace	Durango - Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 Jan. 2 1919, at 11:30 A.M.

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

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed Jan 10 1919

Geo Bray
LOCAL REGISTRAR.

499-102-1891
COUNTY REGISTRAR.

Filed Mar 7 1919

A True Copy
B. G. Fia
COUNTY REGISTRAR.