ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 90

Co. Registrar's No. 686

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Francisco Ramirez | Born Alive | YES ~~NO~~

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

Sex of Child Male | ~~Twin~~, ~~Triplet~~ or other | and | Number in order of birth 2 | Legitimate? Yes | Date of Birth Dec. 3 1919 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Francisco Ramirez	Full Maiden Name	Faviana De La Riva
Residence	Miami - Arizona	Residence	Miami - Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	25 Years	Age at last Birthday	19 Years
Birthplace	Jalisco - Mexico	Birthplace	Durango - Mexico
Occupation	Smelterman	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 the above child; and that it occurred on Dec. 3 1919, at 2 P. 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 Dec 17 1919

A True Copy

699-1203-1011

COUNTY REGISTRAR.

Filed Dec 19 1919

N. B.—In case of more than one child at 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 each local Registrar within 5 days after birth.