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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 124

Co. Registrar's No. 276

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of or City of Miami no name

(No. St; Ward)

FULL NAME OF CHILD Baby Ramirez

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

Born Alive ~~YES~~ NO

Sex of Child male | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth 5 - 4 - 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Secondino Ramirez	Full Maiden Name	Isabel Flurtado
Residence	Miami	Residence	Miami
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	36 Years	Age at last Birthday	32 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 7 | Number of Children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 4 1920 at 12 M.

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

Signature C. I. Sotel MA
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report 191

Address Miami Ariz

Filed 5/31/1920 T H Slaughter LOCAL REGISTRAR.

A True Copy

099-504-966 COUNTY REGISTRAR.

Filed 6/5 1920 B. G. Fox COUNTY REGISTRAR.

An attending Physician or midwife with each local Registrar within 5 days after birth.