

2086

IN CASE OF MORE THAN ONE CHILD AT BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND 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.

PLACE OF BIRTH
County of Gila
District of Winkelman
Town of Winkelman
or City of Winkelman (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
State Index No. 125
ORIGINAL CERTIFICATE OF BIRTH
Co. Registrar's No. 215
Local Registrar's No. 1

FULL NAME OF CHILD John Knott Ramey Jr. Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Male pt and Number in order of birth _____ Legitimate? Yes Date of Birth Apr 3 1921
Month Day Yr.

FATHER
Full Name John Knott Ramey
Residence Winkelman, Ariz.
Color or Race W Age at last Birthday 38 3 Years
Birthplace Hampton Sta. Tenn.
Occupation Miner

MOTHER
Full Maiden Name Bessie Elizabeth Chambers
Residence Winkelman, Ariz.
Color or Race W Age at last Birthday 31 Years
Birthplace Moscow, Ky.
Occupation H. W.

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 Apr 3 29 1921 at 11 A.M.

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

Signature J. E. Wiggins, M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 1921

Address Winkelman, Ariz.

199-403-332
COUNTY REGISTRAR.

Filed April 12 1921

Filed May 7 1921 A True Copy

Robert
LOCAL REGISTRAR.

Bill
COUNTY REGISTRAR.