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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.

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 150
 Co. Registrar's No. 605
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth 3 Legitimate? yes Date of Birth Nov. 29 1921
 Month Day Yr.

FATHER
 Full Name Teodora Ramirez
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 37 Years
 Birthplace Jalisco, Mexico
 Occupation concentrator man

MOTHER
 Full Maiden Name Gaudaloupe Herrera
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 27 Years
 Birthplace Jalisco, Mexico
 Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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. 29 1921, at 35 P.M.

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

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

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

Address Miami, Arizona

599-1129-781
 COUNTY REGISTRAR.

Filed Nov 30 1921 B. M. Haid LOCAL REGISTRAR.
 Filed Dec 5 1921 B. G. Lick COUNTY REGISTRAR.
 A True Copy