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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107

Co. Registrar's No. 151

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 Ramiro Almarez

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 10 | Legitimate? yes | Date of Birth April 16 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Ascencion Almarez	Full Maiden Name	Josephina Balenzie
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	40 Years	Age at last Birthday	36 Years
Birthplace	Chihuahua, Mexico	Birthplace	El Paso, Texas
Occupation	Smelterman	Occupation	Housewife

Number of child of this Mother 10 | Number of Children, of this mother, now living 10 | 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 April 16, 1922, at 4 A.M.

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

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

Address Miami, Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed Apr 30 1922 B. M. Ward LOCAL REGISTRAR.

919-416-125 COUNTY REGISTRAR.

Filed 5/6 1922 A True Copy B. G. Fox COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Phys. or midwife with each local Registrar within 5 days after birth.