4763

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Miami No. St. Ward)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

Co. Registrar No. 433

Local Registrar No.

2. Full name of child Jose Maria Ramirez — If child is not yet named, make supplemental report, as directed

3. Sex of child Male

To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth

6. Legitimate? Yes

7. Date of birth Sept 15 1922 (Month, day, year)

FATHER

8. Full name Juan Ramirez

9. Residence (Usual place of abode) If nonresident, give place and State Miami

10. Color or race Wh 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) San Miguel (State or country) Mexico

13. Occupation Miner Nature of industry

MOTHER

14. Full maiden name Maria Respejio Ramirez

15. Residence (Usual place of abode) If nonresident, give place and State Miami

16. Color or race Wh 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) San Juliau (State or country) Mexico

19. Occupation Housewife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 4 (c) Stillborn None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. m. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. J. Sotel M.D. (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report 199-915-4999 (Month, day, year)

Registrar.

Filed Sept 29, 1922 B. W. Hardy Local Registrar.

Filed Oct 6, 1922 [illegible] County Registrar.