2525

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

Co. Registrar's No. 477

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 Maria Ramirez

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

Born Alive: YES ~~NO~~

Sex of Child F | Twin, Triplet or other ✓ | and | Number in order of birth ✓ | Legitimate? Yes | Date of Birth Oct. 7 (Month) 1922 (Day, Yr.)

FATHER		MOTHER	
Full Name	Rosario Ramirez	Full Maiden Name	Jesus Gomez
Residence	Adobe Hill	Residence	Adobe Hill
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	47 Years	Age at last Birthday	43 Years
Birthplace	Mex. Co	Birthplace	Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: [illegible] | 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 Oct. 7, 1922 at 2:15 A.M.

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

Signature R. L. Lorum, M.D.

Attending physician, ~~midwife, householder.~~*

Address Inspiration, Ariz.

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

Filed Oct 10 1922

D. W. Hardy

LOCAL REGISTRAR.

499-1007-179

COUNTY REGISTRAR.

A True Copy

Filed 11/6 1922

B. G. Joy

COUNTY REGISTRAR.

the number ... in order of birth, stated. This certificate must be filled by the attending physician or midwife with each local Registrar within 5 days after birth.