

1666

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Isola PLACE OF BIRTH  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramiro Corral 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. 1 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth May 19-1923  
Month Day Year

8. FATHER Full name <u>Ramon Corral</u>		11. MOTHER Full maiden name <u>Perolita Luzans</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Sonora Mex.</u> (State or country)		18. Birthplace (city or place) <u>Newa Leon Mex</u> (State or country)	
13. Occupation Nature of industry <u>Laborer</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 1:15 p. m. on the date above stated.

\*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. M. Crow M. D. (Physician or midwife)  
Address Miami, Arizona  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed May 31, 1923 C. E. J. J. J. Local Registrar.  
Filed 6-6, 1923 B. G. J. J. J. County Registrar.

933-519-736