

PRESERVED FOR FILING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
 District of _____
 Town of Maui
 or _____
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149
 County Registrar No. 444
 Local Registrar No. _____

2. Full name of child Methosia Ramos
 3. Sex of Child Female
 4. Twin, triplet or other _____
 5. Legitimate? Yes
 6. Date of birth July 7, 23
 7. No., in order of birth _____
 8. Month _____ day _____ year _____

9. FATHER
 Full name Pilar Ramos
 Residence (Usual place of abode) Maui Ariz
 10. Color or race Mex
 11. Age at last birthday 32 (Years)
 12. Birthplace (city or place) Texas
 (State or country)
 13. Occupation Copper Miner
 Nature of industry _____

14. MOTHER
 Full maiden name Viviana Medrano
 15. Residence (Usual place of abode) Maui Arizona
 If nonresident, give place and state _____
 16. Color or race Mex
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) New Mexico
 (State or country)
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 3
 (b) Born alive but now dead 1
 (c) Stillborn 6
 21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was Born alive at 5:45 a.m. on the date above stated.
 (Born alive or stillborn.)
 Signature F. F. Miller M.D.
 (Physician or midwife)
 Address Maui Arizona
 Filed July 31, 1923 C. E. Jover
 Local Registrar.
 Filed Aug 3, 1923 D. P. Jay
 County Registrar.

492-107-546