

1861

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Globe  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175  
County Registrar No. 529  
Local Registrar No. \_\_\_\_\_

2. Full name of child Louis Ramez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. 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 Aug 19 1923  
Month Day Year

8. FATHER  
Full name Antonio Ramez  
9. Residence (Usual place of abode) near Roundham  
If nonresident, give place and state Globe

14. MOTHER  
Full maiden name Ursula Salis  
15. Residence (Usual place of abode) near Roundham  
If nonresident, give place and state Globe

10. Color or race Mex. 11. Age at last birthday 28 (Years)

16. Color or race Mex. 17. Age at last birthday 28 (Years)

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

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

13. Occupation labor in mines  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (a) Born alive and now living 5  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was alive at 6 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 Globe W. H. Horat M.D.  
(Physician or midwife)  
Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed 8-20 1923 R. J. Joy Local Registrar.  
Filed 9-1 1923 R. J. Joy County Registrar.

399-819-422