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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

State Index No. 161

County Registrar No. 18

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

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 Jesus 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 11

6. Legitimate? yes

7. Date of birth Dec. 25 - 1923. (Month day year)

FATHER

8. Full name Juan Ramirez

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race Mex

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Jalisco,

(State or country) Mex

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Maria R. Ramirez

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race Mex

17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Jalisco

(State or country) Mex

19. Occupation

Nature of industry Housewife

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 3

(c) Stillborn .....

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 born (Born alive or stillborn.) at 3A 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 evidences 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 Jan 31, 1924 C. E. Irvin Local Registrar.

Filed 2/5 1924 B. G. Fox County Registrar.

199-1225-499