

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 198

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. 59No. 333 Live Oak Canon st. Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephina Ramirez (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 3 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth May 16, 1928 Month May Day 16 Year 19288. FATHER  
Full name Marcial Ramirez  
9. Residence (Usual place of abode) Miami Ariz.  
If non-resident, give place and state. Ariz.  
10. Color or race Mex.  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Aguas Calientes  
(State or country) Mex.  
13. Occupation  
Nature of industry Smelterman14. MOTHER  
Full maiden name Modesta Alva  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Aguas Calientes  
(State or country) Mex.  
19. Occupation  
Nature of industry Housewife20. 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 3 (b) Born alive but now dead \_\_\_\_\_ (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 at 10<sup>30</sup> 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 Byril M. Brown M.D. (Physician or midwife). Address Miami, ArizonaGiven name added from a supplemental report \_\_\_\_\_ Filed May 23, 1928 C. E. J. J. J. Local Registrar. Month, day, year

Registrar

Filed \_\_\_\_\_ 19 \_\_\_\_\_

County Registrar

199-516-411

WRITE PLAIN. 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.