ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

County Registrar No.

Local Registrar No. 149

PLACE OF BIRTH

1. County of Gila

District of

Town of Globe

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 Celia 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: — 5. No., in order of birth: —

6. Legitimate? yes

7. Date of birth June 8, 1920 (Month, day, year)

FATHER

8. Full name Theodora Ramirez

9. Residence (Usual place of abode) If nonresident, give place and state Globe, Ariz.

10. Color or race Mexican

11. Age at last birthday 38 (Years)

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

13. Occupation Nature of industry Miner

MOTHER

14. Full maiden name Guadalupe Herrera

15. Residence (Usual place of abode) If nonresident, give place and state Globe, Ariz.

16. Color or race Mexican

17. Age at last birthday 32 (Years)

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

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 four
(b) Born alive but now dead none
(c) Stillborn none

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 alive (Born alive or stillborn.) at 11:10 A.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 J. C. Harper, M.D. (Physician ~~or midwife~~)

Address Globe, Ariz.

Given name added from a supplemental report ..... Month, day, year. Filed 6/30, 1925 W. W. Horst Local Registrar.

Registrar. Filed ....., 19.... County Registrar.

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.

399 — 606 — 781