

N. R.—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 Gila
 District of _____
 Town of Miami
 or _____
 City of Miami

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH #

State Index No. 202
 County Registrar No. _____
 Local Registrar No. 239

2. Full name of child Ramon Cortez (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. _____ 6. Legitimate? yes 7. Date of birth Aug 31 - 25
 Month Day Year

8. FATHER
 Full name Jesus Cortez
 9. Residence Coffee Canyon #421
 (Usual place of abode) If non-resident, give place and state.

14. MOTHER
 Full maiden name Barbara Camacho
 15. Residence Coffee Canyon #421
 (Usual place of abode) If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 31 (Years)

16. Color or race Mex. 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Chihuahua Mex.
 (State or country)

18. Birthplace (city or place) Wilcox Arizona
 (State or country)

13. Occupation
 Nature of Industry Miner

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 _____
 (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 alive at 1:00 p.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 Rosa Cortez (Physician or midwife)
 # 720 Sullerdy St.
 Address _____

Given name added from a supplemental report. Filed Sept 5 1925 Local Registrar.

Registrar _____ County Registrar _____

939-831-316