

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 142
 Registered No. 292

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Arthur Ramsey, Jr.
(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 6. Legitimate? yes
 5. No., in order of birth 1 7. Date of birth Nov. 5, 1925
 Month Day Year

8. FATHER
 Full name John Arthur Ramsey
 9. Residence (Usual place of abode) Copper Hill, Ariz.
 If non-resident, give place and state
 10. Color or race White
 11. Age at last birthday 40 (Years)
 12. Birthplace (city or place) Abbyville Va.
 (State or country)
 13. Occupation Electrical Engineer
 Nature of Industry

14. MOTHER
 Full maiden name Helen Grace Herman
 15. Residence (Usual place of abode) Copper Hill, Ariz.
 If non-resident, give place and state
 16. Color or race White
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Boston, Mass.
 (State or country)
 19. Occupation Housewife
 Nature of Industry

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 one
 (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 at 6:40 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 T. C. Harper, M.D.
 (Physician or midwife)
 Address Globe, Ariz.
 Filed Nov 30, 1925
 Registrar J. H. Horst

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____

194-1105-885

*MALE 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.