

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

State File No. 179  
 Registered No. 362

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Lower Miami or Village \_\_\_\_\_  
 City Miami No. 79 Prover Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Presentaciona 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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Nov 21 1925  
Month Day Year

8. **FATHER**  
 Full name Francisco Ramirez

14. **MOTHER**  
 Full maiden name Juanita Belariva

9. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 34 (Years)

16. Color or race Mexican 17. Age at last birthday 24 (Years)

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

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

13. Occupation Common laborer  
 Nature of Industry Copper Smelter

19. Occupation \_\_\_\_\_  
 Nature of Industry Housewife

20. Number of children of this mother 7 (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 4  
 (c) Stillborn 0

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 alive at 8:15 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 J. J. Miller  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Filed Nov 27, 1925 Registrar E. E. Jirin

799 - 1121 - 1041

PLEASE PRINT FULLY 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.