

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

CERTIFICATE AMENDED

Items 2 and 8 corr. by aff. of reg., ins. policy and sister's record. (11-13-68 file)

SEE NOTATION ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Pomer Miami
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
County Registrar No. _____
Local Registrar No. 552

2. Full name of child ROBERT P. Lourdes Ramirez RAMIREZ
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 0
5. No. in order of birth _____
6. Legitimate? yes
7. Date of birth Feb 11 1926
Month Day Year

8. FATHER
Full name Jos. Ramirez RAMIREZ

14. MOTHER
Full maiden name Gorgonia Parra

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

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

10. Color or race Mexican
11. Age at last birthday 35 (Years)

16. Color or race Mexican
17. Age at last birthday 25 (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 mine

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 5
(b) Born alive but now dead 2
(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 7:40 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 J. J. Miller
(Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Mex 15 76 1976
Month, day, year Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

999-211-771