

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

State File No. 139
 Registered No. 164

1. PLACE OF BIRTH

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

2. Full name of child Victorino Ramirez
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 Mar. 6, 1926
 Month Day Year

8. FATHER
 Full name Juan Ramirez
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 38 (Years)

14. MOTHER
 Full maiden name Maria Refugia Ramirez
 15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Jalisco Mex.
 (State or country)
 13. Occupation
 Nature of Industry Concentrator man

18. Birthplace (city or place) Jalisco Mex.
 (State or country)
 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 7
 (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 at 2 1/2 m. on the date above stated
(Born alive or stillborn)

Signature Eyril M. Brown M.D.

 Physician (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona

Month, day, year _____
 Filed Apr 7, 1926 C. E. Durin
 Registrar Registrar

599 - 306 - 499

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.
 UNLESS OTHERWISE SPECIFIED, THIS FORM IS TO BE RETURNED TO THE BUREAU OF VITAL STATISTICS.
 RECORD