

REMAIN PRESERVED FOR 40 YEARS

WRITE 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 132

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Town of _____

Local Registrar No. 676

or _____

City of Miami

No. 806 Sullivan St _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Blanca Della 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

7. Date of birth June 20-1926
Month day year

5. No., in order of birth. _____

8. FATHER

14. MOTHER

Full name Mates Ramirez

Full maiden name Magdalena Ramirez

9. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state

15. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 30 (Years)

16. Color or race Mexican

17. Age at last birthday 20 (Years)

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

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

13. Occupation miner
Nature of industry

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 none
(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 _____ at 7:30 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 evidences of life after birth.

Signature P. J. Sotolunco
(Physician or midwife)

Address Miami Ariz

Given name added from _____
1 supplemental report _____
Month, day, year.

Filed July 3, 1926

Local Registrar

Registrar.

Filed _____, 19____

County Registrar.

299-620-499