ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1621
County Registrar No.
Local Registrar No. 62

PLACE OF BIRTH
1. County of Gila
District of
Town of Hayden
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramon 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 ..... 5. No., in order of birth .....
6. Legitimate? Yes
7. Date of birth Oct 14 1926 (Month day year)

FATHER
3. Full name Felix Ramirez Jr.
9. Residence (Usual place of abode) Hayden
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Cananea
(State or country) Sonora, Mexico
13. Occupation Laborer
Nature of industry Copper Smelter

MOTHER
14. Full maiden name Romula Baldenegro
15. Residence (Usual place of abode) Hayden
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Nogales
(State or country) Arizona
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3 (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 .....
(c) Stillborn .....
21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn.) at 9:50 A m. on the date above stated.

*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 Eufemia Romero (Physician or midwife)
Address Hayden Arizona

Given name added from a supplemental report ..... Filed Oct 19, 1926 W B Nash (Local Registrar.)
Month, day, year.

..... Filed ....., 19.... ..... (County Registrar.)
Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each in order of birth stated.

999-1014-926