MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 210a

County Registrar No.

Local Registrar No. 229

1. County of

District of

Town of

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 Reynalda Ramirez (If child is not yet named, make supplemental report, as directed)

3. Sex of Child F. | 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 10-31-26 (Month Day Year)

8. FATHER	14. MOTHER
Full name Francisco Ramirez	Full maiden name Fariana De La
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Mex.	16 Color or race Mex.
11. Age at last birthday 35 (Years)	17. Age at last birthday 26 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) Mexico (State or country)
13. Occupation Nature of industry Smelter	19. Occupation Nature of industry H. W.

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 3
(b) Born alive but now dead 5
(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 alive (Born alive or stillborn.) at 9:30 P.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 evidence of life after birth.

Signature C. H. Perkins (Physician or midwife).

Address Miami Ariz.

Given name added from a supplemental report 999-1031-646 Month, day, year

Filed June 11, 1927 C. E. Irvin Local Registrar.

Registrar

Filed , 19 County Registrar.