

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

148
 State File No. 154
 Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ Village _____
 City Miami No. 1015 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dolores 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
 5. No., in order of birth _____ 7. Date of birth Apr - 22, 1928
 Month Day Year

8. FATHER
 Full name Juan Ramirez

14. MOTHER
 Full maiden name Maria P. Ramirez

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 Mex.
 11. Age at last birthday 41 (Years)

16. Color or race Mex.
 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Jalisco, Mex.
 (State or country)

18. Birthplace (city or place) Jalisco, Mex.
 (State or country)

13. Occupation Millman
 Nature of industry Mining

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother. } (a) Born alive and now living 7
 (Taken as of time of birth of child herein certified and including this child). } (b) Born alive but now dead 8
 (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 alive at 12:35 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 Eyil M. Brown
Physician
(Physician or midwife)

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

Month, day, year _____ Filled Apr 25 28 G. E. Jones
 Registrar. Registrar.

499-422-499