

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1590

District of Lower Miami

Co. Registrar No. 181

Town of Lower Miami

Local Registrar No. _____

or

City of _____

No. Grass Canyon St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Ruben Ramirez

If child is not yet named, make supplemental report, as directed

3. Sex of child

To be answered ONLY in event of plural births.

4. Twin, triplet or other.....

6. Legitimate?

7. Date of birth

April 26, 1928
(Month, day, year)

8. Full name

FATHER

Gregorio S. Ramirez

14. Full maiden name

MOTHER

Santos Zambrano

9. Residence

(Usual place of abode)
If nonresident, give place and State

Miami

15. Residence

(Usual place of abode)
If nonresident, give place and State

Miami

10. Color or race

Mex

11. Age at last birthday 36 (Years)

16. Color or race

Mex

17. Age at last birthday 16 (Years)

12. Birthplace (city or place)

(State or country)

Guadalupe
Yuma

18. Birthplace (city or place)

(State or country)

Tuxtepec
Mexico

13. Occupation

Nature of Industry

Pharmacist

19. Occupation

Nature of Industry

A W

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 p.m. on the date above stated.

(Born alive or stillborn)

Signature

Charles S. Davis, M.D.
(Physician or midwife)

Address

1000 E. Broadway

Given name added from a supplemental report

(Month, day, year)

Filed May 12, 1928

Local Registrar

Registrar

Filed _____, 19____

County Registrar

199-426-296