

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

State File No. 195
 Registered No. 329

1. PLACE OF BIRTH
 County Gila State _____
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Ramon Duarte (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. 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 6 27 28
 Month Day Year

8. FATHER
 Full name Grimes Duarte

14. MOTHER
 Full maiden name Catalina Lopez

9. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 36 (Years)

16. Color or race Mexican

17. Age at last birthday 26 (Years)

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

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

13. Occupation
 Nature of industry miner

19. Occupation
 Nature of industry H. W.

20. Number of children of this mother 4
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (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 alive at 9 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 C. E. Perkins

 (Physician or midwife).

Given name added from a supplemental report _____ Address _____
 Month, day, year

Filed July 27, 1928 C. E. Perkins
 Registrar

945-427-337

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.