

NEVER USE THIS FORM FOR THE BIRTH OF A CHILD AT A DISTRICT, A SEPARATE RETURN MUST BE MADE FOR EACH, AT THE NUMBER OF EACH ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 193
Registered No. 379

1. PLACE OF BIRTH

County..... State.....

District or Township..... or Village.....

City..... 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 Mava { 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?.....
5. No., in order of birth..... 7. Date of birth 7 30 28
Month Day Year

8. FATHER
Full name Rosalio Mava

14. MOTHER
Full maiden name Petra Valderrama

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

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If non-resident, give place and state.

10. Color or race W
11. Age at last birthday 26 (Years)

16. Color or race W
17. Age at last birthday 42 (Years)

12. Birthplace (city or place) New Mex
(State or country)

18. Birthplace (city or place) New Mex
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry W

20. Number of children of this mother 10 (Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 6
(b) Born alive but now dead 7
(c) Stillborn 1

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 at 12:15 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. F. Perkins
(Physician or midwife).

Given name added from a supplemental report..... Address Miami, Fla
Month, day, year

Filed Sept 10 28 19..... Registrar C. E. Johnson
Registrar.

951-730-751