

OK BINDING
 WRITE PLAINLY WITH U.S. POSTAGE RETURN must be made for each, and the number of each in order of birth stated.
 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.

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

State File No. 144
 Registered No. 377

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 79 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Ramirez If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 Aug. 21-1928
 Month Day Year

8. FATHER
 Full name Francisco Ramirez
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 36 (Years)
 12. Birthplace (city or place) Jalisco
 (State or country) Mex.
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Fabronia de La Riva
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 28 (Years)
 18. Birthplace (city or place) Durango
 (State or country) Mex.
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 9
(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 6 }
 (c) Stillborn _____ }
 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 50

I hereby certify that I attended the birth of this child, who was born alive at 1:50 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 Byril M. Brown M.D.

 Physician (Physician or midwife).

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

Registrar _____
 Filed Aug 31 1928 C. E. Iron
 Registrar

199-821-641