

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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. 164
 Registered No. 368

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 114 Red Springs Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josef Ramos 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 _____ }
 5. No., in order of birth _____ }
 6. Legitimate? yes
 7. Date of birth Aug 27 1928
 Month Day Year

8. FATHER
 Full name Ysabel Ramos

14. MOTHER
 Full maiden name Maria Ramos

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 Mexican
 11. Age at last birthday 33 (Years)

16. Color or race Mexican
 17. Age at last birthday 33 (Years)

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

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

13. Occupation miner
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother _____
 (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 1
 (c) Stillborn 0
 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 6 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 J. J. Miller
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____
 Filed Aug 30 1928
 Registrar. _____ Registrar.

192-827-492