

GIN RESERVED WITH UNFADING INK—THIS IS A PERMANENT REC.

WRITE PLAINLY WITH UNFADING INK—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. ¹⁷⁶ 398
Registered No. ^V

1. PLACE OF BIRTH

County Yuma State Arizona
District or Township _____ or Village _____
City Miami No. 1002 Suburban _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramon Montenegro (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 31, 1928
Month Day Year

8. FATHER
Full name Euelis Montenegro

14. MOTHER
Full maiden name Margarita Montoya

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

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

10. Color or race Spanish 11. Age at last birthday 31 (Years)

16. Color or race Spanish 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Spain
(State or country)

18. Birthplace (city or state) San Jose New Mexico
(State or country)

13. Occupation Rancher
Nature of industry

19. Occupation H.W
Nature of industry

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 0 (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 Ramon at 3 P. m. on the date above stated.
(Born alive stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Davis

Given name added from a supplemental report _____ Address Miami Arizona
Month, day, year _____ (Physician or midwife)

Filed Sept 1, 1928 Registrar C. E. Davis

Registrar.

Registrar.

176-398-2111