

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. 1239
Registered No. 32

1. PLACE OF BIRTH

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

2. Full name of child Ramona Jeannine Lewis { 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 Jan. 8 - 1929
Month Day Year

8. FATHER
Full name Frank Otto Lewis
9. Residence No. 1 - Copper Island
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Eddy Co.
(State or country) New Mexico

13. Occupation
Nature of industry Rancher

14. MOTHER
Full maiden name Alma Cavender

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

16. Color or race Cauc. 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Duncan
(State or country) New Mexico

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____ 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 born alive at 2:37 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 Cyril M. Brown M.D.
Physician
(Physician or midwife).

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

Month, day, year 9-22-108-139 Registrar Filed Feb 1, 1929 K. O. Dorrin Registrar