

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

113  
 State File No. 264  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. Full name of child**

Lydia Ramsey

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**

June 4 1929  
 Month Day Year

**8. FATHER**

**Full name**

Ramon Ramsey

**14. MOTHER**

**Full maiden name**

Dolores Moreno

**9. Residence**

(Usual place of abode)

Phoenix

If non-resident, give place and state.

**15. Residence**

(Usual place of abode)

Phoenix

If non-resident, give place and state.

**10. Color or race**

Mex

11. Age at last birthday 23 (Years)

**16. Color or race**

Mex

17. Age at last birthday 20 (Years)

**12. Birthplace (city or place)**

(State or country)

Mexico

**18. Birthplace (city or place)**

(State or country)

Mexico

**13. Occupation**

Nature of industry

Miner

**19. Occupation**

Nature of industry

Housewife

**20. Number of children of this mother**

(Taken as of time of birth of child herein certified and including this child.)

5

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

4  
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 \_\_\_\_\_ (Born alive or stillborn) at 5:15 m. on the date above stated.

\* 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

Mrs. M. J. [Signature]  
Mrs. M. J. [Signature]  
 (Physician or Midwife)

Given name added from a supplemental report

Month, day, year

Address \_\_\_\_\_  
 Filed June 12 1929 6-6-29  
 Registrar

Registrar

Registrar

399-604-446

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 order of birth stated.

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