

IN 27-42 CASE 3: 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. 157
Registered No. 49

1. PLACE OF BIRTH

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

2. Full name of child Ramon Dias
(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 June 21 1929
Month Day Year

8. FATHER
Full name Ameluro Dias
9. Residence (Usual place of abode) Sacatecas Mexico
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 22 (Years)
12. Birthplace (city or place) Sacatecas Mexico
(State or country)
13. Occupation Laborer
Nature of industry

14. MOTHER
Full maiden name Monica Quintana
15. Residence (Usual place of abode) Snyder Ariz
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 17 (Years)
18. Birthplace (city or place) Guamapala Mexico
(State or country)
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 1
(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 _____ (Born alive or stillborn) at 11:30 p. 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 Eufemia Romero
(Physician or midwife)

Given name added from a supplemental report _____
Address Box 952 Snyder, Arizona

Filed Jan 26 1929 M. B. Nash
Registrar

Registrar 942-621-481