

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

135
State File No. 318
Registered No. 318

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Tucson No. 903. Kenney Drive St. 9th Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramon Perez { 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.** **6. Legitimate?** Yes
5. No., in order of birth x 7. Date of birth 7. 7. 29
Month Day Year

8. FATHER
Full name Victoriano Perez
9. Residence Tucson
(Usual place of abode)
If non-resident, give place and state. Ariz
10. Color or race Mex
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mexico
13. Occupation Miner
Nature of industry Copper Mining

14. MOTHER
Full maiden name Isadora Martinez
15. Residence Tucson
(Usual place of abode)
If non-resident, give place and state. Ariz
16. Color or race Mex
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Salvo City
(State or country) New Mexico
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(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 at 9 9 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 D. A. Davis
Physician
(Physician or midwife.)
Given name added from a supplemental report _____
Address Med. Hospital, Tucson, Ariz
Month, day, year _____
Filed July 15, 1929 L. E. Davis
Registrar