

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

100
 State File No. 359
 Registered No. 359

PLACE OF BIRTH

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

Full name of child Ramon Galvan { If child is not yet named, make supplemental report, as directed.

Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 7 18 29
 5. No., in order of birth _____ Month Day Year

FATHER
 11. Name Ramon Galvan
 Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 Color or race Mex
 11. Age at last birthday 33 (Years)
 Birthplace (city or place) Mexico
 (State or country)
 Occupation Mill Man
 Nature of Industry

MOTHER
 14. Full maiden name Concha Martinez
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 16. Color or race Mex
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Mex
 (State or country)
 19. Occupation HCO
 Nature of Industry

Number of children of this mother 2 (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? yes
 taken as of time of birth of child herein (b) Born alive but now dead 1
 notified and including this child. (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was Ramon at 9:30 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 C. B. Perkins
 (Physician or Midwife).

When name added from supplemental report _____
 Address _____
 Month, day, year _____
 Registrar _____
 Filed Aug 10, 19 29 R. E. Jones Registrar