

UNPAID
 If 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107

1. County of Yuma

District of _____

Town of _____

or Globe

City of _____

County Registrar No. 46

Local Registrar No. _____

No. Near Standard Oil tanks St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruig Ramon } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. }
 4. Twin, triplet or other. _____ 6. Legitimate? Yes
 5. No., in order of birth. _____ 7. Date of birth 3-2-1927
 Month day year

8. FATHER
Full name Antonio Ramon

14. MOTHER
Full maiden name Usula Salas

9. Residence (Usual place of abode) Globe
If nonresident, give place and state

15. Residence (Usual place of abode) Globe
If nonresident, give place and state

10. Color or race Mex
11. Age at last birthday 35 (Years)

16. Color or race Mex
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Mexico
(State or country)

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

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.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 1
 (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 10 A 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 evidences of life after birth.
 Signature W. W. Horst (Physician or midwife)
 Address Globe

Given name added from a supplemental report _____
 Month, day, year. _____ Filed 3-31, 1927 W. W. Horst Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

992-307-429