

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

City of Tula

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123
County Registrar No. 587
Local Registrar No. _____

Claypool

Name of child Rubens Beuties
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other No 5. No. in order of birth 1st 6. Legitimate? Yes 7. Date of birth Oct 9 1927
Month day year

FATHER Name David Beuties

MOTHER Full maiden name Ether Kirkland

Residence (Usual place of abode) Claypool
nonresident, give place and state

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

Color or race White 11. Age at last birthday 29 (Years)

16. Color or race Mexican 17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Claypool Arizona
(State or country)

Occupation Truck Driver

19. Occupation Home
Nature of industry

Number of children of this mother (a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against erythema neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 evidences of life after birth.
Given name added from supplemental report

Signature Therese Beuties
Physician or midwife

Address _____

Filed Jan 10 1928 Local Registrar.

County Registrar.

Registrar.

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