

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

City of Pila

District of _____

Town of Miami

or

City of _____

**BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 156

County Registrar No. 450

Local Registrar No. _____

No. 804 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruiz * { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>0</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 23 1927</u> Month Day Year
5. No., in order of birth _____				

8. **FATHER**
Full name Eliazar Ruiz

14. **MOTHER**
Full maiden name Perfidia Rell

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mexican

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11. Age at last birthday 25 (Years)

17. Age at last birthday 18 (Years)

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

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

13. Occupation Miner
Nature of Industry Copper

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	<u>1</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

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 alive at 5:30 P m. on the date above stated
(Born alive or stillborn)

Signature J. F. Miller M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____

Filed Oct 30 1927 Lo E. Jones Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

* Died 12 hours later 099-1023-723