

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

State File No. 92  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

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

2. Full name of child Macario Ruiz (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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? Yes 7. Date of birth Dec 1 1927  
Month Day Year

8. FATHER  
 Full name Macario Ruiz  
 9. Residence (Usual place of abode) Christmas  
If non-resident, give place and state.

14. MOTHER  
 Full maiden name Francisca Lopez  
 15. Residence (Usual place of abode) Christmas  
If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 36 (Years)

16. Color or race Mexican  
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Guaymas  
(State or country) Sonora

18. Birthplace (city or place) Magdalena  
(State or country) San Mex

13. Occupation miner  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 9  
(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 3  
 (c) Stillborn \_\_\_\_\_

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 \_\_\_\_\_ at 6:45 p 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 Charles D. Huston  
Chas D Huston  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden ave

Month, day, year \_\_\_\_\_ Filled Jan 5 1927 P J Huston  
 Registrar Registrar

499-1201-639

one child at a birth, a SEPARATE RETURN must be made for each, and the number or order of birth stated.