

SUPPLEMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Tulsa

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

County Registrar No. \_\_\_\_\_

Local Registrar No. 247

Ward \_\_\_\_\_

No. Rice Road, Near Highway St. \_\_\_\_\_  
(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.

2. Full name of child Isabelle Ruiz

3. Sex of Child

To be answered ONLY in event of plural births.

F

4. Twin, triplet or other

6. Legitimate?

Yes

7. Date of birth

Dec 20-1927  
Month day year

5. No., in order of birth

8. FATHER

Full name

Nitchie Ruiz

9. Residence (Usual place of abode)

Globe

If nonresident, give place and state

10. Color or race

Mex.

11. Age at last birthday 45 (Years)

12. Birthplace (city or place)

Durango Mexico

(State or country)

13. Occupation

Nature of industry

Laborer  
Freight with Burro

20. Number of children of this mother

(a) Born alive and now living 8

(b) Born alive but now dead 4

(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 \_\_\_\_\_ at 1:30 P. 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.

Signature

W. H. Horst, M.D.

(Physician or midwife)

Address

Globe

Given name added from a supplemental report

Filed Dec 31, 1927

W. H. Horst

Local Registrar.

Month, day, year.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

Registrar.

999-1000-932