

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 132

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 248

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Stilborn Baby Ruiz

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? Yes

7. Date of birth

Dec 21-1927
Month day yearM.

5. No., in order of birth _____

8. FATHER

Full name

Ygnacio Ruiz

14. MOTHER

Full maiden name

Clara Duntun

9. Residence

(Usual place of abode)

Globe ariz.

If nonresident, give place and state

15. Residence

(Usual place of abode)

Globe ariz.

If nonresident, give place and state

10. Color or race

Mex11. Age at last birthday 20 (Years)

16. Color or race

Mex17. Age at last birthday 16 (Years)

12. Birthplace (city or place)

(State or country)

Globe ariz.

18. Birthplace (city or place)

(State or country)

Globe ariz.

13. Occupation

Nature of industry

Labor
Asbestos Mining

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 _____

(b) Born alive but now dead 0(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stilborn at 10a 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 a supplemental report

Signature

Address

Globe
W. W. Horst M D
(Physician or midwife)Filed 12-31, 1927

Month, day, year.

Local Registrar.

Registrar.

Filed _____, 19____

County Registrar.

099-1221-345