

N. B.—In case of more than one child at a birth, a separate return must be made for each, and the number of each in order of birth stated.

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

State File No. 189145  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

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

2. Full name of child Arturo 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 Jan 10 1930  
Month Day Year

8. FATHER  
Full name Macario Ruiz  
9. Residence (Usual place of abode) Christmas Ariz  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Mexican  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) Sonora Mexico  
(State or country)  
13. Occupation Copper Miner  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Francisco Lopez  
15. Residence (Usual place of abode) Christmas Ariz  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Mexican  
17. Age at last birthday 31 (Years)  
18. Birthplace (city or place) Sonora Mexico  
(State or country)  
19. Occupation House Wife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 11 (a) Born alive and now living 7  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 3  
(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 Born alive at 11:30 a.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 Macario Ruiz Father  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed March 8 1930 P. G. Hutton  
Registrar Registrar

199-110-652