

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

275 228
State File No. 228
Registered No. 51

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 909 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus 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. 29-1930.
Month Day Year

8. FATHER
Full name Francisco Ruiz

14. MOTHER
Full maiden name Maria Saenz

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

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If non-resident, give place and state. Arizona.

10. Color or race Mex. 11. Age at last birthday 26 (Years)

16. Color or race Mex 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Silver City
(State or country) New Mex.

18. Birthplace (city or place) Chihuahua
(State or country) Mex

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ (a) Born alive and now living 0
(Taken as of time of birth of child, herein certified and including this child.) 1st (b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

I hereby certify that I attended the birth of this child, who was stillborn at 12:30 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 Cyril M. Larson M.D.
Physician
(Physician or midwife.)

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

Filed Stat 1 30 1930 Registrar C. E. Drion
Registrar

199-129-429