

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 220
Registered No. 460

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 1205 Frederick St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruby Gutierrez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate? <u>Yes</u>	7. Date of birth <u>July 27 1933</u> Month Day Year
		5. No., in order of birth.		

8. FATHER
Full name Jesus Gutierrez

14. MOTHER
Full maiden name Matilda Pizarro

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

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

10. Color or race
Mexican

11. Age at last birthday 17 (Years)

16. Color or race
Mexican

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) (State or country) Mexico

18. Birthplace (city or place) (State or country) Mexico

13. Occupation Miner
Nature of Industry Coppery

19. Occupation Housewife
Nature of Industry _____

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 4
(b) Born alive but now dead 0
(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 alive at 7:10 a m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
(Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year _____
Registrar. _____

Filed Aug 5 30 1933 Registrar. _____
979-727-466

each in order of birth stated.