

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

State File No. 659
Registered No. 659

1. PLACE OF BIRTH
County Silver State _____
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(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 Ruben Dario Felix

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 9/30/30
Month Day Year

8. FATHER
Full name Samuel Felix

14. MOTHER
Full maiden name Maria Acosta

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

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

10. Color or race mex
11. Age at last birthday 31 (Years)

16. Color or race mex
17. Age at last birthday 25 (Years)

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

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

13. Occupation miner
Nature of Industry

19. Occupation N.W.
Nature of Industry

20. Number of children of this mother 8
(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 4
(c) Stillborn _____
21. Were precautions taken against ophthalmitis neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was alive at 10:20 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 C. F. Perkins 10:20 P.M.
(Physician or midwife)

Given name added from a supplemental report 967-930-111
Month, day, year
Address Miami
Filed Oct 8 1930 to C. Irvine
Registrar

N. E.—In case of more than one child, give name of each child.