

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 183a  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ 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 Unnamed Ruiz (premature Birth) { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Dec. 24 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER  
Full name Francisco Ruiz

14. MOTHER  
Full maiden name Maria Saenz

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

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

10. Color or race Mexican  
11. Age at last birthday 27 (Years)

16. Color or race Mexican  
17. Age at last birthday 22 (Years)

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

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

13. Occupation Copper Miner  
Nature of industry \_\_\_\_\_

19. Occupation House Wife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother <u>2nd</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>None</u>	21. Were precautions taken against ophthalmia neonatorum? --
	(b) Born alive but now dead <u>None</u>	
	(c) Stillborn <u>TWO</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 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 J. W. Davis M.D.  
Physician  
(Physician or Midwife)

Given name added from \_\_\_\_\_ Address Christmas Arizona  
a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_

Filed April 1st 31 1931 Registrar O. G. Hunter

099-1224-429

State of birth stated.