

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 190  
Registered No. 690

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3329 Turkey Shoot Canow St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Victor 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 Dec-26-1930  
Month Day Year

8. FATHER  
Full name Bernabe Ruiz  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex. 11. Age at last birthday 32 (Years)  
12. Birthplace (city or place) Jalisco  
(State or country) Mex  
13. Occupation  
Nature of Industry Miner

14. MOTHER  
Full maiden name Enselma Suirarte  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex. 17. Age at last birthday 18 (Years)  
18. Birthplace (city or place) Chihuahua  
(State or country) Mex.  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother 3 } (a) Born alive and now living 3  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0  
} (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 155

I hereby certify that I attended the birth of this child, who was Born alive at 1:55 A.M. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Cron M.D. (Physician or midwife.)

Given name added from a supplement report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed Dec 30 1930 Registrar J. E. Jones

599-1226-585