WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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

State File No. 85

Registered No.

1. PLACE OF BIRTH

County Gila State

District or Township or Village

City Miami No. 537 Red Springs Canon St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Arthur 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 June 10 1933 (Month Day Year)

| 8. FATHER | 14. MOTHER |
|---|---|
| Full name Barnaba Ruiz | Full maiden name Enselma Gil |
| 9. Residence (Usual place of abode) Miami — If non-resident, give place and state | 15. Residence (Usual place of abode) Miami — If non-resident, give place and state |
| 10. Color or race Mex — 11. Age at last birthday 35 (Years) | 16. Color or race Mex — 17. Age at last birthday 22 (Years) |
| 12. Birthplace (city or place) Jalisco (State or country) Mexico | 18. Birthplace (city or place) Sonora (State or country) Mexico |
| 13. Occupation Nature of industry Unemployed | 19. Occupation Nature of industry Housewife |

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 2 (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 (Born alive or stillborn) at 5 P.M. on the date above stated.

* 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 Nelson D. Brayton

Miami Arizona (Physician or midwife)

Given name added from a supplemental report Month, day, year

Address

199-610-573 Registrar

June 10, 1933 Nelson D. Brayton Registrar