ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. _____
Registered No. _____
Arizona _____

County Gila State Arizona
Township _____ or Village _____
City Winkelman No. _____ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carlos Ruiz (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth Oct 21, 1933 (Month, day, year)

FATHER

9. Full name Carlos Ruiz

10. Residence (usual place of abode) (If non-resident, give place and State) Winkelman

11. Color or race Mex | 12. Age at last birthday 23 (Years)

13. Birthplace (city or place) Former (State or country) Ariz

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work 9 _____, 1933 | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Francisca Miranda

19. Residence (usual place of abode) (If non-resident, give place and State) Winkelman

20. Color or race Mex | 21. Age at last birthday 29 (Years)

22. Birthplace (city or place) Feldman (State or country) Ariz

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

25. Date (month and year) last engaged in this work 9 _____, 1933 | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 11 50 p m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles K Hurst M.D.
or _____, Midwife
Address Hayden Ariz
Filed Oct 31st, 1933 P. Hutton
Registrar.

Given name added from a supplemental report _____ (Date of)

399-1021-649
Registrar.

Sd 1-U-R MS-C08