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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. This certificate must be filed by the attending Physician or Midwife with the Local registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

59

Ter. Index No.

Register No. X22

PLACE OF BIRTH

County of Gila

District of

Town of
or
City of Globe (No. ..... St.; ..... Ward)

FULL NAME OF CHILD Alfredo Ruiz — Born Alive Yes ~~No~~

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child Male | Twin, Triplet or other | and | Number in order of birth | Legitimate? yes | Date of Birth July 3 (Month) (Day) 1909 (Year)

FATHER	MOTHER
Full Name: Francisco Ruiz	Full Maiden Name: Francisca Alcon
Residence: Globe	Residence: Globe
Color or Race: Mexican — Age at last Birthday: 28 (Years)	Color or Race: Mexican — Age at last Birthday: 16 (Years)
Birthplace: Arizona	Birthplace: Arizona
Occupation: Laborer	Occupation:

Number of child of this mother 1 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 3, 1909, at 8 A.M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Mrs. Dr. A. K. Shaw
(Attending physician, ~~midwife, householder~~)

Given or christian name added from a supplemental report ..... 19.....

Filed July 5 1909 — Address Globe

B. G. Fox M.D.
LOCAL REGISTRAR.

199-703-615
COUNTY REGISTRAR.

Filed Aug 2 1909 — B. G. Fox M.D.
COUNTY REGISTRAR.