

1531

RECORDS DEPARTMENT - THIS IS A RETURN RECORD. 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, MUST BE 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.

PLACE OF BIRTH
County of Gila
District of _____
Town of Globe or City of _____
Register No. 120
St.; _____ Ward)

CERTIFICATE OF BIRTH. 87 Ter. Index No. 87

FULL NAME OF CHILD x Ruiz Born Alive

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Nov. 28</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Ignacio Ruiz</u>			Full Maiden Name <u>Rosa Lopez</u>		
Residence <u>Globe Arizona</u>			Residence <u>Globe Arizona</u>		
Color or Race <u>Mex.</u>		Age at last Birthday <u>26</u> (Years)	Color or Race <u>Mex</u>		Age at last Birthday <u>18</u> (Years)
Birthplace <u>U.S.</u>			Birthplace <u>U.S.</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		

Number of child of this mother _____ Number of children, of this mother, now living _____ 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 Nov 28, 1909, at J.A. M

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

(Signature) A. J. Mausch
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19 _____ Filed Dec 1 1909 Address Globe Arizona

LOCAL REGISTRAR. B. G. Jay M.D.
COUNTY REGISTRAR. B. G. Jay M.D.
COUNTY REGISTRAR. 099-1128-939