

4435

When one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth, stated. This certificate must be filed by the attending Physician or local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Pima
District of Miami
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.
ORIGINAL CERTIFICATE OF BIRTH.
State Index No. 107
Co. Register No. 231
Local Registrar's No. _____

FULL NAME OF CHILD Gerraro Rueda (No. _____ St; _____ Ward) } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child Male Twin, Triplet or other See and { Number in order of birth / Legitimate? Y Date of Birth 19 1922 (Day) (yr.)
Full Name of FATHER Demario Rueda Full Maiden Name of MOTHER [Redacted]
Residence Miami Ariz Residence [Redacted]
Race Mexican Age at last Birthday 22 (Years) Color or Race Mexican Age at last Birthday 17 (Years)
Place of Birth Mexico Birthplace Mexico
Occupation House wife
of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of above child; and that it occurred on Sept 19 1922 at 3:22 P.M.
(Signature) B. N. Hardy M.D. (Attending physician, midwife, or householder.)

or christian name added from a _____ Address Miami Coffin Co.

Supplemental report _____ 1912
791-919-746 COUNTY REGISTRAR.
Filed Sept 20 1912 LOCAL REGISTRAR. B. N. Hardy
Filed Oct 5 1912 A True Copy B. N. Hardy M.D. COUNTY REGISTRAR.

number of ea. midwife with _____