

2345

In case of more than one child at a birth, a separate report 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 each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yuma  
District of Yuma  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Yuma

BUREAU OF VITAL STATISTICS State Index No. \_\_\_\_\_  
ORIGINAL CERTIFICATE OF BIRTH 102 Co. Register No. 60  
Local Registrar's No. \_\_\_\_\_  
(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Daby Ruiz } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth 5 } Legitimate? yes } Date of Birth March 5 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Doniso Ruiz  
Residence Globe Ariz  
Color or Race Mexican Age at last Birthday 30 (Years)  
Birthplace Durango Mexico  
Occupation ore packer

MOTHER  
Full Maiden Name Rose Lopez  
Residence Globe Ariz  
Color or Race Mexican Age at last Birthday 25 (Years)  
Birthplace Clorence Ariz  
Occupation Housewife

Number of child of this mother... 5 | Number of children, of this mother, now living... 4 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on March 5, 1915, at 11:30 P.M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) A. Firme M.D.  
(Attending physician, midwife, householder,\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Globe, Ariz

Filed March 1915

A. G. Jay  
LOCAL REGISTRAR.

099-305-939  
COUNTY REGISTRAR.

Filed April 1915

A True Copy A. G. Jay  
COUNTY REGISTRAR.