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This form is used by the attending physician or birth.

PLACE OF BIRTH

County of Yuma
District of Globe
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS State Index No. 95
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 91
Local Registrar's No. _____
(No. _____ St; _____ Ward)

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

Sex of Child Female Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? yes Date of Birth 4 12 1915
(Month) (Day) (Yr.)

FATHER
Full Name Joe Ruiz
Residence Globe Ariz
Color or Race Mexican Age at last Birthday 22 (Years)
Birthplace Globe Ariz
Occupation Laborer

MOTHER
Full Maiden Name Annie Trijillo
Residence Globe
Color or Race Mexican Age at last Birthday 18 (Years)
Birthplace Mexico
Occupation H.N.

Number of child 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 hereby certify that I attended the birth of above child; and that it occurred on 4/12 1915, at 6A M.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) G. E. Wylburn
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191_____ Address Globe Ariz

Filed Apr 17 1915 B. G. Fox
LOCAL REGISTRAR.

199-412-136
COUNTY REGISTRAR.

Filed May 5 1915 - A True Copy B. G. Fox
COUNTY REGISTRAR.