

in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

128
 State Index No. 866a
 County Registrar No. _____
 Local Registrar No. 204

PLACE OF BIRTH
 1. County of Gila
 District of _____
 Town of Shobe
 or _____
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Ruis } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? _____ 7. Date of birth Sept 2 1916
 5. No., in order of birth 12 Month day year

8. FATHER Full name <u>Joe Ruis</u>	14. MOTHER Full maiden name <u>Regina Karakey</u>
9. Residence (Usual place of abode) <u>N Broad</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>N Broad</u> If nonresident, give place and state
10. Color or race <u>W</u>	16. Color or race <u>W</u>
11. Age at last birthday <u>56</u> (Years)	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Alfria</u> (State or country)	18. Birthplace (city or place) <u>Alfria</u> (State or country)
13. Occupation <u>Merchant</u> Nature of industry	19. Occupation <u>Housewife</u> Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 8
 (b) Born alive but now dead 3
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Given name added from a supplemental report _____

Signature P. D. Heenan (Physician or midwife)
 Address _____
 Filed 8-18-25 W. H. Sturt Local Registrar.
 Filed _____ 19____ County Registrar.

792-902-928
 Registrar.