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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Dela  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH  
State Index No. 130  
Co. Registrar's No. 108  
Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
FULL NAME OF CHILD Ruth Eleonore Loomis  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES  
Alive } NO

Sex of Child Female Twin, Triplet or other No and Number in order of birth 1 Legitimate Yes Date of Birth Mar 14 1919  
Month Day Yr.

FATHER  
Full Name Clinton B. Loomis  
Residence Miami  
Color or Race White Age at last Birthday 28 Years  
Birthplace Minnesota  
Occupation Sec'y Miami Journal Co.

MOTHER  
Full Maiden Name Ruth Bernice Quarmby  
Residence Miami  
Color or Race White Age at last Birthday 22 Years  
Birthplace Mass.  
Occupation House wife

Number of child of this Mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 14 1919, at 9:11 AM.  
\*When there is no attending physician or midwife, then the householder should make this return.

Signature D. N. Heady M.D.  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 1919

Address Miami, Ariz.

932-314-988  
COUNTY REGISTRAR.

Filed Mar 17 1919

W. B. Clayton  
LOCAL REGISTRAR.

Filed Apr 5 1919 A True Copy

B. G. Jay  
COUNTY REGISTRAR.