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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

185

State Index No. _____

Co. Registrar's No. 710

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Elisa Ruiz

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
Female			3	yes	Nov.	10	1920

FATHER		MOTHER	
Full Name	Elisio Ruiz	Full Maiden Name	Maria Trejo
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	27 Years	Age at last Birthday	22 Years
Birthplace	Ag. Calientes, Mex	Birthplace	Sonora, Mexico
Occupation	Waiter	Occupation	Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | 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 Nov. 10, 1920 at 3 A. M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed 12/30/1920 T. H. Slaughter
LOCAL REGISTRAR.

599-1110-436
COUNTY REGISTRAR.

Filed 1-6 1921 A True Copy B. G. Lee
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.