

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yila

BUREAU OF VITAL STATISTICS

State Index No. 141A

District of Winkelman

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 2

Town of Winkelman

Local Registrar's No. 1

City of Ariz

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Jacinto Ruiz

Born YES
Alive

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

Sex of Child male Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? yes Date of Birth 21 of Nov 1922
(Month) (Day) (Yr.)

FATHER
Full Name Jose M. Ruiz
Residence Winkelman Ariz
Color or Race Mexican Age at last Birthday 26 (Years)
Birthplace Mexico Sonora
Occupation Labor

MOTHER
Full Maiden Name Bartolo Gimenez
Residence Winkelman Ariz
Color or Race Mex Age at last Birthday 24 (Years)
Birthplace Chihuahua Mex
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 Nov 21 1922, at 1 A.M.

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

(Signature) Neighbor Mrs Humphrey
(Attending physician, midwife, householder.*)

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

Address Winkelman Ariz

199-1121-279
COUNTY REGISTRAR.

Filed Jan 10 1923..

Filed Feb 10 1923 A True Copy

H. Roberts
LOCAL REGISTRAR.
R. S. Stof
COUNTY REGISTRAR.