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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
URGENT RESERVED FOR BINDING
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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

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

State Index No. 153
County Registrar No. 100
Local Registrar No. _____

2. Full name of child Manuel Ruiz { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes. 7. Date of birth 1-18-24
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Francisco Ruiz</u>		Full maiden name <u>Brigida Villalobos</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>16</u> (Years)
12. Birthplace (city or place) <u>Globe Arizona</u> (State or country)		18. Birthplace (city or place) <u>Globe Arizona</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.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 evidence of life after birth.

Signature C. W. Adams
(Physician or midwife)
Address Globe Arizona

Given name added from a supplemental report _____ Month, day, year. _____
Registrar. _____

Filed 2-11-24 1924 _____ Registrar.
Filed 3/5 1924 _____ County Registrar.

499-118-252