CERTIFICATE AMENDED items 2 and 8 corrected by affidavit of registrant, school enrol. previous and older brother birth record (1-28-70 bma)

PLACE OF BIRTH SEE NOTATION

1. County of Gila
District of
Town of
or
City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161
County Registrar No. 73
Local Registrar No.

No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child ~~Jesus Ruiz~~ Fructoso M. Ruiz Araiza (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 Jan 21 1922 (Month day year)

FATHER

8. Full name Pedro ~~Ruiz~~ Araiza

9. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation Miner
Nature of industry

MOTHER

14. Full maiden name Diega Mascota

15. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation Housewife
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 4
(b) Born alive but now dead None
(c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

*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 ..... Month, day, year.

Signature D. L. Jotel M.D. (Physician or midwife)
Address Miami Ariz

Filed Jan 31 1924 L. E. Irvin Local Registrar.
Filed 2/5 1924 B. G. Fia County Registrar.

Registrar.

611-121-441

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.