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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.

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

1. County of Pima District of _____
Town of Main or _____
City of _____ No. _____ St. _____ Ward _____
2. Full name of child Infant Ruiz (If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 July 31 1924 (If child is not yet named, make supplemental report, as directed.)
8. FATHER Full name William Ruiz 9. Residence (Usual place of abode) Main If nonresident, give place and state _____ 10. Color of race White 11. Age at last birthday 43 (Years) 12. Birthplace (city or place) (State or country) Spain 13. Occupation Nature of industry Miner 14. MOTHER Full maiden name Ether Bernarado 15. Residence (Usual place of abode) Main If nonresident, give place and state _____ 16. Color of race White 17. Age at last birthday 40 (Years) 18. Birthplace (city or place) (State or country) Spain 19. Occupation Nature of industry HW 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 3 (b) Born alive but now dead 2 (c) Stillborn _____ 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 at _____ 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 evidence of life after birth.

Signature Nelson D. Brayton (Physician or midwife)
Address Main
Given name added from a supplemental report _____ Month, day, year. _____ Registrar.
Filed July 31 1924 C. E. Druce Local Registrar.
Filed AUG 5 1924 B. J. Fox County Registrar.

099-731-526