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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

PLACE OF BIRTH  
1. County of DeLa  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 51 Met. Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 175  
County Registrar No. 599  
Local Registrar No. \_\_\_\_\_

2. Full name of child Maria Dolores Ruiz (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth July 30-1924  
Month day year

5. FATHER		14. MOTHER	
Full name <u>Jose Ruiz</u>		Full maiden name <u>Rosa Perez</u>	
9. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Jalisco Mex.</u> (State or country)		18. Birthplace (city or place) <u>Coronado Ariz.</u> (State or country)	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against yes thalimia neonatorum?

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*30**

I hereby certify that I attended the birth of this child, who was born at 11 P.M. on the date above stated.  
(Born alive or stillborn.)

Signature Byril M. Brown M.D. (Physician or midwife)  
Address Miami, Ariz.  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed Aug 31, 1924 Local Registrar. \_\_\_\_\_  
Filed 9-3-24 County Registrar. \_\_\_\_\_

499-730-979