

1141

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

1. County of Yuma State Index No. 170
District of _____ County Registrar No. 946
Town of Miami Local Registrar No. _____
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruben Bujanda } 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 7 6. Legitimate? yes 7. Date of birth Nov-16-1924
Month day year

5. FATHER Full name <u>Ramon Bujanda</u>		14. MOTHER Full maiden name <u>Guadalupe Amaya</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>29</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Sonora Mex.</u> (State or country)		18. Birthplace (city or place) <u>Hermosillo Mex.</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 7 (b) Born alive but now dead _____ (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE #40

I hereby certify that I attended the birth of this child, who was born at 5 A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Crow M.D. (Physician or midwife)
Address Miami, Arizona
Given name added from _____
Month, day, year. Filed Dec 31, 1924 _____
Registrar. Filed 1-5, 1925 _____
County Registrar.

MAKE 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.

921-1116-711