

2111

PLACE OF BIRTH

1. County of Globe
District of _____
Town of _____
or
City of Globe

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

State Index No. 147
County Registrar No. 969971
Local Registrar No. _____

2. Full name of child Andrew Amando Ruiz
3. Sex of Child M 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 Dec 6 - 1924 Month day year

8. FATHER
Full name Joe C. Ruiz
9. Residence (Usual place of abode) Ruiz Canyon
If nonresident, give place and state Globe
10. Color or race Mex
11. Age at last birthday 31 (Years)
12. Birthplace (city or place) Globe
(State or country) Ariz.
13. Occupation Labour
Nature of industry _____

14. MOTHER
Full maiden name Annie Trojhis
15. Residence (Usual place of abode) Ruiz Canyon
If nonresident, give place and state Globe
16. Color or race Mex
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Globe
(State or country) Ariz.
19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0
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 Alive at 4 P.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 evidences of life after birth.
Signature M. St. Horat M. D.
Address Globe Ariz.
Given name added from _____
a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 12-10-24 _____
Filed 1-5-25 _____
County Registrar. _____

199-1206-136

In order of birth stated.