

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____ No. _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166

County Registrar No. 59

Local Registrar No. 7

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mannela 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. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth Jan. 7-1926
 Month Day Year

8. FATHER
Full name Miguel Ruiz
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Maria Jesus Juarez
15. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 22 (Years)
12. Birthplace (city or place) Chihuahua Mex.
(State or country)

16. Color or race Mex. 17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Chihuahua Mex.
(State or country)

13. Occupation
Nature of Industry Laborer

19. Occupation
Nature of industry Housewife

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 1
 (b) Born alive but now dead _____
 (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 at 7¹⁰ A. 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 evidence of life after birth.
 Signature Cyril M. Brown M.D. (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed Jan 8, 1926 Nelson & Brayton Local Registrar.

Month, day, year _____ Filed 2/9, 1926 G. E. Wight County Registrar.

Registrar

499-107-419