

PLACE OF BIRTH

1. County of Hila
 District of _____
 Town of Miami
 or _____
 City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Baby Rueda (Twin) (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Feb. 22-1925
 Month Day Year

8. FATHER
 Full name Augustine Rueda
 9. Residence (Usual place of abode) Miami, Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Sofia Ochoa
 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 29 (Years)

16. Color or race Mex. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Chihuahua, Mex.
 (State or country)

18. Birthplace (city or place) Clifton, Ariz.
 (State or country)

13. Occupation
 Nature of Industry Miner

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 3
 (b) Born alive but now dead 0
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4 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 Byril M. Brown M.D. (Physician or midwife)
 Address Miami, Ariz.

Given name added from a supplemental report _____
 Month, day, year _____ Filed April 5, 1925 Stelson & Brayton Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

091-222-261