

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 149

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

No. 12 Depot Hill Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Carmen 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. Single or other. 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Mar. 11-1925  
Month Day Year8. FATHER  
Full name Rudolfo M. Ruiz  
9. Residence (Usual place of abode) Miami Ariz.  
If non-resident, give place and state. Ariz.  
10. Color or race Mex  
11. Age at last birthday 22 (Years)14. MOTHER  
Full maiden name Rosa Brocos  
15. Residence (Usual place of abode) Miami Ariz.  
If non-resident, give place and state. Ariz.  
16. Color or race Mex.  
17. Age at last birthday \_\_\_\_\_ (Years)12. Birthplace (city or place) Jalisco Mex.  
(State or country)18. Birthplace (city or place) Coahuila Mex.  
(State or country)13. Occupation  
Nature of industry Miner19. Occupation  
Nature of industry Housewife20. 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 1  
(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 7:50 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 evidence of life after birth.  
Signature Cyril M. Brown, M.D. (Physician or midwife.)  
Address Miami, ArizonaGiven name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar. Revised 15, 25 Release Brantly

Registrar

Filed \_\_\_\_\_ 19 \_\_\_\_\_

County Registrar.

399 - 311 - 946

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N.B.—... sec of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number... each in order of birth stated.