

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
 District of Miami BUREAU OF VITAL STATISTICS State Index No. 169  
 Town of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. \_\_\_\_\_  
 or \_\_\_\_\_ Local Registrar No. 346  
 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 \_\_\_\_\_  
 3. Sex of Child \_\_\_\_\_ To be answered ONLY in event of plural births.  
 4. Twin, triplet or other. \_\_\_\_\_ 5. Last mate? Yes  
 6. Date of birth Nov 14 1925  
 7. Month day year  
 8. No. in order of birth. \_\_\_\_\_

8. FATHER Full name Jesus Ruiz  
 9. Residence (Usual place of abode) Miami  
 If nonresident, give place and state \_\_\_\_\_  
 14. MOTHER Full maiden name Maria Lecano  
 15. Residence (Usual place of abode) Miami  
 If nonresident, give place and state \_\_\_\_\_

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

12. Birthplace (city or place) Mexico  
 (State or country)  
 18. Birthplace (city or place) Mexico  
 (State or country)

13. Occupation Miner  
 Nature of industry \_\_\_\_\_  
 19. Occupation Wife  
 Nature of industry \_\_\_\_\_

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 2  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against Yes  
 thalasia neonatorum?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 10 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 Mason D. Braxton (Physician or midwife)  
 Address Miami, Fla.  
 Given name added from supplemental report \_\_\_\_\_  
 Filed Nov 16 1925 Local Registrar \_\_\_\_\_  
 Month, day, year.

Registrar.

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

County Registrar.

099-1114-436

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. UNFADING INK—THIS IS A PERMANENT RECORD.