

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 122
Registered No. 510

1. PLACE OF BIRTH

County Cochise State Arizona
District or Township _____ or Village _____
City Miami No. E. 13 Davis Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruben Arambula (If child is not yet named, make supplemental report, as directed.)

| | | | | |
|--------------------------------|--|---------------------------------|---------------------------|---|
| 3. Sex of Child <u>Male</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 6. Legitimate? <u>Yes</u> | 7. Date of birth <u>Feb. 8 - 1926</u> Month Day Year |
| | | 5. No., in order of birth _____ | | |

8. FATHER
Full name Marcial Arambula

14. MOTHER
Full maiden name Francisca Jauregui

9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race
Mexican

11. Age at last birthday 26 (Years)

16. Color or race
Mexican

17. Age at last birthday 20 (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 House 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 1
(b) Born alive but now dead _____
(c) Stillborn None

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 _____ at 3 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 D. J. Pote [initials]
Miami Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed March 6, 1926 E. E. Dorn
Registrar

911-208-619

CLIN RESERVED FOR BINDING
 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.