

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.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH *Gila*  
1. County of \_\_\_\_\_  
District of \_\_\_\_\_  
Town of *miami*  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. *106*  
County Registrar No. *754*  
Local Registrar No. \_\_\_\_\_

2. Full name of child *Nancy Mc Bride Ruggles* { 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. *yes* } 6. Legitimate? *yes* } 7. Date of birth *July 1 1926*  
Month Day Year

8. FATHER  
Full name *Guy Hall Ruggles*

14. MOTHER  
Full maiden name *Ethel Fay Mc Bride*

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

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

10. Color or race *White* 11. Age at last birthday *40* (Years)

16. Color or race *White* 17. Age at last birthday *39* (Years)

12. Birthplace (city or place) *Redding*  
(State or country) *Massachusetts*

18. Birthplace (city or place) *Mansfield*  
(State or country) *Ohio*

13. Occupation *Mining engineer*  
Nature of Industry

19. Occupation *Housewife*  
Nature of Industry

20. Number of children of this mother } (a) Born alive and now living *2*  
(Taken as of time of birth of child herein } (b) Born alive but now dead *1*  
certified and including this child.) } (c) Stillborn *1*

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 *alive* at *8:01 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 *J. J. Miller* (Physician or midwife)  
Address *Miami, Arizona*

Given name added from a supplemental report. Filed *Aug 7, 1926* *W. E. Dineen* Local Registrar.  
Month, day, year Registrar Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

592-701-545