

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Tulsa
 District of _____
 Town of _____
 or _____
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165
 County Registrar No. _____
 Local Registrar No. 155

No. River Canyon
 (If birth occurred in a Hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Virginia Mildred Ruiz (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth: 7-25-26
 Month Day Year

8. FATHER
 Full name George Ruiz
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. _____
 10. Color or race Mex
 11. Age at last birthday 23 (Years)
 12. Birthplace (city or place) Globe
 (State or country) Ariz
 13. Occupation Grocery Clerk
 Nature of industry _____

14. MOTHER
 Full maiden name Louise Arvizo
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state. _____
 16. Color or race Mex
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Globe
 (State or country) Ariz
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child.) } (c) Stillborn 0
 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 alive or ~~stillborn~~) at 12 A m. on the date above stated

* 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 M. W. Horst
 Address Globe Ariz (Physician or ~~midwife~~)

Given name added from a supplemental report _____ Filed 7-31-26 M. W. Horst
 Month, day, year _____ Local Registrar.
 _____ Registrar _____ Filed _____ 19 _____ County Registrar

599-725-314