

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
County Registrar No. _____
Local Registrar No. 166

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of _____
or Globe
City of _____

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

2. Full name of child Angelita 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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 8-2-26
Month Day Year

8. FATHER
Full name Nitchie Ruiz
9. Residence (Usual place of abode) Globe
If non-resident, give place and state.

14. MOTHER
Full maiden name Rosie Lopez
15. Residence (Usual place of abode) Globe
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 43 (Years)

16. Color or race Mex 17. Age at last birthday 34 (Years)

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

18. Birthplace (city or place) Florence
(State or country) Ariz

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 7
(Taken as of time of birth of child herein } (b) Born alive but now dead 4
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 _____ at 8:45 A 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 W W Horst (Physician or midwife)

Address Globe

Given name added from a supplemental report _____ Filed 8/31 26 _____ Local Registrar.

Month, day, year _____ Filed _____, 19 _____ County Registrar

Registrar

199-802-939

IN GREEN INK, AND FOR BIRTH

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 children in order of birth stated.