

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 170
 Registered No. 64

1. PLACE OF BIRTH

County Yuma State _____
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child

Ruth Jean Zubolt

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 _____
 6. Legitimate? Yes
 7. Date of birth Oct 16 1926
 Month Day Year

8. FATHER
 Full name Theodore Zubolt
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Jessie Akers
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color of race White
 11. Age at last birthday 24 (Years)

16. Color of race White
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Phoenix
 (State or country) Ariz
 13. Occupation Belt man
 Nature of industry mill

18. Birthplace (city or place) Broken
 (State or country) Kla
 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 2
 (b) Born alive but now dead _____
 (c) Stillborn _____
 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 12:10 p.m. on the date above stated
(Born alive or dead)

Signature Charles B. Smith M.D.
(Physician or midwife)

Address Hayden Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed Oct 18 1926 WPA Registrar

Registrar _____

933-1016-112

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. RETURN must be made for each, and the number of each in order of birth stated.
 4.—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.