

N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated. THIS IS A PERMANENT RECORD.

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

State File No. 121  
 Registered No. 20

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Gilberto Ruiz { If child is not yet named, make supplemental report, as directed. }

3. Sex of Child Male 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 July 6th 1929  
Month Day Year

8. FATHER  
Full name Jae Ruiz

14. MOTHER  
Full maiden name Amie Trogillo

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

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

10. Color or race Mex  
11. Age at last birthday 37 (Years)

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

12. Birthplace (city or place) Globe  
(State or country) Gila Co Ariz

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) \_\_\_\_\_

13. Occupation Laborer  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 7  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 6  
 (b) Born alive but now dead 1  
 (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 at 8:20 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. C. Harper

\_\_\_\_\_  
(Physician or midwife.)

Given name added from a supplemental report. \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Globe, Arizona

Filed 8/8 1929 E. E. Wightman  
 Registrar

799-206-136