

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

State File No. 187
 Registered No. 213

1. PLACE OF BIRTH

County Gila State Ariz
 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 Donald Allen Ruston { 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Nov. 28, 1929
 Month Day Year

8. FATHER
 Full name Ira Edward Ruston
 9. Residence (Usual place of abode) Globe Ariz
 If non-resident, give place and state.
 10. Color of race white
 11. Age at last birthday 20 (Years)
 12. Birthplace (city or place) Colvin Ariz
 (State or country)
 13. Occupation Ripe fitter
 Nature of industry

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

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (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 10:30 A. m. on the date above stated.
 (Born alive or stillborn.)

Signature T. C. Harper Physician or Midwife.
 Address Globe Ariz
 Given name added from a supplemental report _____
 Month, day, year _____

Filed 12/7 1929 E. E. Wightman Registrar
495-1128-343