

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

State File No. 166
 Registered No. 593

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. E-32 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Dec 22 1929</u> Month Day Year
		5. No., in order of birth _____		

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

14. MOTHER
 Full maiden name Rosa Orasco
 15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 26 (Years)

16. Color or race Mexican
 17. Age at last birthday 30 (Years)

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

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation Miner
 Nature of industry Copper

19. Occupation Housewife
 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 <u>3</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 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. Dr. Miller

 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____
 Filed Jan 7 1930 B. E. Jones Registrar

499-1222-966