N. B.—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.

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

County Registrar No.

Local Registrar No. 242

No. 1101 Live Oak St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Estela Bustamantes } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Girl

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 June 4 1927 (Month day year)

8. FATHER

Full name Juan Bustamantes

9. Residence 1101 Live Oak St. (Usual place of abode)

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 47 (Years)

12. Birthplace (city or place) Ymuras (State or country) Sonora

13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Ygnacia Barquez

15. Residence 1101 Live Oak St (Usual place of abode)

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 41 (Years)

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

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 12

(b) Born alive but now dead 1

(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 alive at 6 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 evidences of life after birth.

Signature Rosa Cortez (Physician or midwife)

Address 708 Sullivan Ave

Given name added from a supplemental report

Month, day, year.

Filed June 11, 1927 C. E. Trim Local Registrar.

522-604-829

Registrar.

Filed 19

County Registrar.