SUPPLEMENT ATTACHED

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

State File No. 146
Registered No. 199

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe No. Euclid Ave. St. Ward

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

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

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: Sept 16, 1927 (Month Day Year)

FATHER

Full name: Antonio Bustamante

Residence (Usual place of abode): Globe

If non-resident, give place and state.

Color or race: Mex

11. Age at last birthday 38 (Years)

Birthplace (city or place): Santa Cruz

(State or country): Mexico

13. Occupation

Nature of industry: Mining

MOTHER

14. Full maiden name: Eugio Eugio Backom

15. Residence (Usual place of abode): Globe

If non-resident, give place and state.

16. Color or race: Mex

17. Age at last birthday 33 (Years)

18. Birthplace (city or place): El Paso

(State or country): Tex

19. Occupation

Nature of industry: Housewife

20. Number of children of this mother 8

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead 1

(c) Stillborn None

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 (Born alive or stillborn.) at 30 a.m. on the date above stated

* 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: G. B. Madsen

Physician (Physician or midwife).

Address: Globe Ariz.

Filed Sept 30, 1927 W. W. Horst

Registrar

Given name added from supplemental report

Month, day, year

Registrar

H25-916-924

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.