

and the number of each in

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

State File No. 166  
Registered No. 41

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 418 Gibson St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marians Busane { 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 7. Date of birth Oct-27-1927  
Month Day Year

8. FATHER  
Full name Francisco Busane  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Tampass, Son. Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Francisca Soto  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 27 (Years)  
18. Birthplace (city or place) Sonora, Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

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 2 (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 born alive at 6:20 A. m. on the date above stated (Born alive or stillborn)

Signature Cyril M. Brown M.D. Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Nov 11, 1927 Registrar \_\_\_\_\_

425-1027-626

order of birth

1. State of Arizona  
2. County of Gila  
3. City of Miami  
4. District of Miami  
5. Birthplace of Tampa, Sonora, Mexico  
6. Date of birth Oct 27 1927  
7. Sex of child Male  
8. Name of father Francisco Busane  
9. Name of mother Francisca Soto  
10. Occupation of father Miner  
11. Occupation of mother Housewife  
12. Signature of attending physician or midwife Cyril M. Brown M.D.  
13. Address of attending physician or midwife Miami, Arizona  
14. Date of filing Nov 11 1927  
15. Name of registrar \_\_\_\_\_