

2556

PLACE OF BIRTH
 County of DeLa
 District of Miami
 Town of Miami
 or
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 140
 Co. Register No. 20

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Jose Ruben Bustillos } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child Male Twin, Triplet or other 1 } and } Number in order of birth 1 Legiti- mate? Y Date of Birth Jan 23 1916
 (Month) (Day) (Yr.)

FATHER
 Full Name Ramon Bustillos
 Residence Miami
 Color or Race Mexican Age at last Birthday 41 (Years)
 Birthplace Mexico
 Occupation Laborer

MOTHER
 Full Maiden Name Maree Balasius
 Residence Miami
 Color or Race Mexican Age at last Birthday 31 (Years)
 Birthplace Mexico
 Occupation Housewife

Number of child of this mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 23 1916, at 230
 { *When there is no attending physi- }
 { cian or midwife, then the householder }
 { should make this return. }
 (Signature) Charles E. Drinn M.D.
 (Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 191...
122-123-422
 COUNTY REGISTRAR.

Address Miami Florida
 Filed Feb 1 1916
 A True Copy
 Filed Feb 8 1916
 LOCAL REGISTRAR.
B. G. Fox
 COUNTY REGISTRAR.