

2258

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

City of Gila

BUREAU OF VITAL STATISTICS

State Index No. 1350

County of Miami

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 71

City of Miami

Local Registrar's No. _____

State of _____ (No. _____ St.; _____ Ward)

Full Name of Child Rafael Bustillos { Born YES }
{ Alive NY }

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child M Twin, Triplet or other 1 and Number in order of birth _____ Legitimate? Y Date of Birth Feb 10 1919
(Month) (Day) (Yr.)

FATHER
Full Name Ramon Bustillos
Residence Miami
Color or Race Mex Age at last Birthday 42 (Years)
Birthplace Mexico
Occupation Doctor

MOTHER
Full Maiden Name Mania Palacios
Residence Miami
Color or Race Mex Age at last Birthday 37 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 7 Number of children, of this mother, now living 5 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 10 1919, at 40 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles E. Lima M.D.
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 1919

Address Miami

Filed Feb 15 1919 W.D. Brayton LOCAL REGISTRAR.

922-210-472 COUNTY REGISTRAR.

A True Copy R. G. Lee COUNTY REGISTRAR.