4564

R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149

Co. Register No. 496

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of ..... (No. ..... St.; ..... Ward)

FULL NAME OF CHILD ..... Born ~~NO~~ Alive YES

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

Sex of Child Male | Twin, Triplet or other ~~X~~ | and | Number in order of birth ~~X~~ | Date of Birth Sept 18 1919 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	A Bustamente	Full Maiden Name	Laura Lelley
Residence	Ray Arizona	Residence	Miami
Color or Race	Mexico	Color or Race	Mexico
Age at last Birthday	20 (Years)	Age at last Birthday	18 (Years)
Birthplace	Mexico	Birthplace	Arizona
Occupation	Miner	Occupation	Housework

Number of child of this mother 1 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 18 1919, at 9 P M.

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

(Signature) N D Brayton

(Attending physician, midwife, householder.*)

Address

Given or Christian name added from a supplemental report ..... 191.....

Filed Sept 20 1919

N D Brayton

LOCAL REGISTRAR.

025-918-339

COUNTY REGISTRAR.

A True Copy

Filed OCT 6 1919

B G Jay

COUNTY REGISTRAR.