the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA S[illegible]E BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129

Co. Registrar's No. 208

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Rueben Bustillos

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

Born Alive YES ~~NO~~

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate? yes | Date of Birth April 2 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Jesus Maria Bustillos	Full Maiden Name	Consuela Palacio
Residence	Claypool - Ariz	Residence	Claypool - Ariz
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	39 Years	Age at last Birthday	33 Years
Birthplace	Chihuahua - Mex	Birthplace	Chihuahua - Mex
Occupation	Miner	Occupation	Housewife

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 April 2 1920 at 4 30 A.M.

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

Signature Cyril M. Cron M. D.
Attending physician, ~~midwife, householder.~~*

Address Miami, Ariz.

Given or Christian name added from a supplemental report 191

Filed 4/16/ 1920

T H Slaughter
LOCAL REGISTRAR.

922-402-376
COUNTY REGISTRAR.

A True Copy

Filed Apr 17 1920

B G Fox
COUNTY REGISTRAR.