

224

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 168

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 310

Town of Acme

Local Registrar's No. _____

or _____

City of _____

No. _____ St. _____ Ward) _____

FULL NAME OF CHILD

Ramondo Bustillos

Born YES
Alive X

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 8 Legitimate? Date of Birth May 20 - 21
(Month) (Day) (Yr.)

FATHER
Full Name Ramon Bustillos
Residence Miami
Color or Race Mex Age at last Birthday 47
(Years)
Birthplace Mexico
Occupation Barryman

MOTHER
Full Maiden Name Maria Palacios
Residence Miami
Color or Race Mex Age at last Birthday 38
(Years)
Birthplace Mexico
Occupation A.

Number of Child of this mother 8 Number of children of this mother now living 5 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 May 20 1921, at 7 M.

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

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

Given or Christian name added from a Supplemental report _____ 1921 Filed May 25 1921 Address Miami, Ariz.
B. W. Hardy M.D. LOCAL REGISTRAR.

922-520-477 Filed 6-1 1921 A True Copy B. G. J. Coe
COUNTY REGISTRAR. COUNTY REGISTRAR.