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V

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144  
County Registrar No. 647  
Local Registrar No. \_\_\_\_\_

### PLACE OF BIRTH

1. County of Yuma  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Donald Mack Rustin (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
} If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. 6 6. Legitimate? yes 7. Date of birth Aug. 15-1924  
Month day year

8. FATHER  
Full name Eddie Rustin

14. MOTHER  
Full maiden name Annie Clmer

9. Residence (Usual place of abode) Miami Ariz.  
If nonresident, give place and state

15. Residence (Usual place of abode) Miami Ariz.  
If nonresident, give place and state

10. Color or race Cauc. 11. Age at last birthday 40 (Years)

16. Color or race Cauc. 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Del Rio Texas  
(State or country)

18. Birthplace (city or place) Pima Ariz.  
(State or country)

13. Occupation  
Nature of industry Truck driver

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead. \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 7 A. m. on the date above stated.

Signature Byril M. Brown M.D. (Physician or midwife)  
Address Miami, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed Aug 31, 1924 Local Registrar. Filed 9-5, 1924 County Registrar.

Registrar. \_\_\_\_\_

495-815-159

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.