

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD AND THE NUMBER OF EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.

PLACE OF BIRTH NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Musavi
Town of _____
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128
County Registrar No. 48
Local Registrar No. _____

No. 1109 Orphan St

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child BLAS Bustos

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. _____

6. Legitimate? Yes

7. Date of birth Feb 3 28
Month day year

5. No., in order of birth. _____

8. FATHER
Full name Angel Bustos

14. MOTHER
Full maiden name Hilario Rodriguez

9. Residence (Usual place of abode) Musavi
If nonresident, give place and state _____

15. Residence (Usual place of abode) Musavi
If nonresident, give place and state _____

10. Color or race Mex

11. Age at last birthday 26 (Years)

16. Color or race Mexican

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexican
(State or country)

13. Occupation
Nature of industry Miner

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 3
(b) Born alive but now dead 0
(c) Stillborn 0

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 alive or stillborn) at 5 A m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature MD Grayson
(Physician or midwife)
Address Musavi, Ariz

Given name added from a supplemental report _____
Month, day, year.

Registrar.

Filed _____ 19 1928
Local Registrar.
Filed Feb 15 19 28 L. E. Dray
County Registrar.

222-203-899