

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 503  
Registered No. 503

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ of Village \_\_\_\_\_  
City Miami No. 715 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Enrique Busane { 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  
5. No. in order of birth \_\_\_\_\_ 7. Date of birth Oct. 20-1929  
Month Day Year

8. FATHER  
Full name Francisco Busane

9. Residence Miami  
(Usual place of abode)  
If non-resident, give place and state. Arizona

10. Color or race Mex.  
11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Sonora  
(State or country) Mex.

13. Occupation  
Nature of Industry miner

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn 0

14. MOTHER  
Full maiden name Francisca Soto

15. Residence Miami  
(Usual place of abode)  
If non-resident, give place and state. Arizona

16. Color or race Mex.  
17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Sonora  
(State or country) Mex.

19. Occupation  
Nature of industry Housewife

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 at 12:05 A. m. on the date above stated.  
(Born alive or stillborn.)

Signature Lynell M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Filed Nov 17, 1929 \_\_\_\_\_ Registrar

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