

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

State File No. 149
 Registered No. 5178

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Miami No. 139 Mission Ln St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sabino Campos

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 Dec 30 1927
If child is not yet named, make supplemental report, as directed.

8. FATHER
 Full name Antonio Campos

14. MOTHER
 Full maiden name Albina Gonzales

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

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 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 32 (Years)

16. Color or race Mexican 17. Age at last birthday 24 (Years)

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

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

13. Occupation miner
 Nature of industry Copper

19. Occupation housewife
 Nature of industry

20. Number of children of this mother 6
 (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 2
 (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 alive at 5-1 m. on the date above stated
(Born alive or stillborn.)

*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 evidence of life after birth.

Signature J. F. Miller
 M.D.
 (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filled Jan 4, 1928 Registrar L. G. ...

232-1230-172