ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 610

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P.O. Box 494 - Claypool, Ariz.

City Miami No. 33 Warrior Canon St., ... Ward

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

2. Full name of child Lucille Campos } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | To be answered ONLY in event of plural births. } 4. Twin, triplet or other..... 5. No., in order of birth..... | 6. Legitimate? yes | 7. Date of birth Oct. 15 - 1930. (Month Day Year)

8. FATHER	14. MOTHER
Full name Jose Campos	Full maiden name Belen Catano
9. Residence (Usual place of abode) Miami,	15. Residence (Usual place of abode) Miami,
If non-resident, give place and state Arizona	If non-resident, give place and state Arizona
10. Color or race Mex. 11. Age at last birthday 30 (Years)	16. Color or race Mex. 17. Age at last birthday 29 (Years)
12. Birthplace (city or place) Jalisco, (State or country) Mex.	18. Birthplace (city or place) Georgetown (State or country) New Mex.
13. Occupation Nature of Industry Smelter	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.) 5 } (a) Born alive and now living 5 (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 (Born alive or stillborn) at 10 15 P.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 evidence of life after birth.

Signature Cyril M. Cron M.D. (Physician or midwife.)

Address Miami, Arizona

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

Filed Nov 7 1930 R. E. [illegible] Registrar.

..... Registrar.

332-1015-236