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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 254

1. PLACE OF BIRTH Gila

County ..... State .....

Township ..... or Village .....

City Clear Creek 531 Morrison Siding

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

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

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate Yes | 8. Date of birth Dec 8, 1932 (Month, day, year)

9. Full name Cruz Campos — FATHER

10. Residence (usual place of abode) (If nonresident, give place and state) Deportado Mexico

11. Color or race Mex | 12. Age at last birthday 24 (Years)

13. Birthplace (city or place) Jalisco (State or country) Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as [illegible], sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

18. Full maiden name Annie Mendoza — MOTHER

19. Residence (usual place of abode) (If nonresident, give place and state) Tolar Jong

20. Color or race Mex | 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Siem Ca (State or country) N. Mex

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housework

25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 1 AM 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. }

(Signed) Felton D. Brayton, M. D. Midwife

Given name added from a supplemental report ..... (Date of)

Address Miami Ariz

332-1208-141 Registrar.

Filed June 8, 1933 C. E. Craig Registrar.

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 number of each in order of birth stated.