

468

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

State File No. _____
Registered No. _____

1. PLACE OF BIRTH
County Graham State ARIZONA
Township _____ or Village _____
City Duncan No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Campbell, Janette
3. Sex Female If plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Married? _____
8. Date of birth Aug 12th, 1904
(Month, day, year)

FATHER
9. Full name Campbell, David F
10. Residence (usual place of abode) (If non-resident, give place and State) _____
11. Color or race Cauc 12. Age at last birthday 27 (Years)
13. Birthplace (city or place) Utah
(State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____

MOTHER
18. Full maiden name Stephens, Georgiana
19. Residence (usual place of abode) (If non-resident, give place and State) _____
20. Color or race Cauc 21. Age at last birthday 25 (Years)
22. Birthplace (city or place) Utah
(State or country)
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. _____
25. Date (month and year) last engaged in this work _____, 19____

27. Number of children of this mother 5th
(At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
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 born alive at _____ m. on the date above stated
(Born alive or stillborn)
(Signed) T B Richardson, M. D.
or _____, Midwife
Given name added from _____ (Date of) _____
Address Aug 17th, 1904 T P Richardson
Filed _____ Registrar _____

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 the number of each must be stated.

133-812-712