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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112 ~~883~~

Co. Register No. 178

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of

(No. St; Ward)

FULL NAME OF CHILD Cecil Prior Campbell

Born / Alive — YES / ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
male				Yes	June (Month) 15 (Day) 1914 (Yr.)

FATHER		MOTHER	
Full Name	Bert Campbell	Full Maiden Name	Nellie Ruckman
Residence	Miami Ariz.	Residence	~~[illegible]~~ Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	25 (Years)	Age at last Birthday	21 (Years)
Birthplace	Melvern Kansas	Birthplace	Mo
Occupation	Miner	Occupation	Housewife

Number of child of this mother 2. Number of children, of this mother, now living 1. Were precautions taken against Ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 6/15 1914, at 6 P.M.

(When there is no attending physician or midwife, then the householder should make this return.)

(Signature) T H Slaughter
(Attending physician, midwife, householder.*)

Address Miami Ariz

Given or christian name added from a supplemental report 191

Filed June 20 1914 B G Fox LOCAL REGISTRAR.

A True Copy B G Fox M.D. COUNTY REGISTRAR.

333-615-595
COUNTY REGISTRAR.

Filed June 20 1914

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, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.