

# Damaged Document(s)

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 the number of each in order of birth stated.

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

State File No. \_\_\_\_\_  
Registered No. 67

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

2. Full name of child Jois Lucille Cammack { If child is not yet named, supplemental report, as of \_\_\_\_\_ }

|  |                         |                               |  |                   |  |
|--|-------------------------|-------------------------------|--|-------------------|--|
| 3. Sex <u>Girl</u>   | 4. If plur births _____ | 5. n, triplet, or other _____ | 6. Premature _____   | 7. Married? _____ | 8. Date of birth <u>Jan 28</u><br>(Month, day, year) |
| 9. Full name <u>FATHER</u><br><u>Geo Edward Cammack</u>  |                         |                               | 18. Full maiden name <u>MOTHER</u><br><u>Gladys Cammack</u>  |                   |  |
| 10. Residence (usual place of abode) <u>Miami Arizona</u>  |                         |                               | 19. Residence (usual place of abode) <u>Miami Arizona</u>  |                   |  |
| 11. Color of hair <u>White</u>   |                         |                               | 20. Color of eyes <u>Blue</u>  |                   |  |
| 12. Age at last birthday <u>32</u> (Years)   |                         |                               | 21. Age at last birthday <u>32</u> (Years)   |                   |  |
| 13. Birthplace (city or place) <u>Iowa</u>   |                         |                               | 22. Birthplace (city or place) <u>Kansas</u>   |                   |  |
| 14. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____ |                         |                               | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____ |                   |  |
| 15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____     |                         |                               | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____     |                   |  |
| 16. Date (month and year) engaged in this work _____   |                         |                               | 25. Date (month and year) last engaged in this work _____  |                   |  |
| 17. Total time (years) spent in this work _____  |                         |                               | 26. Total time (years) spent in this work _____  |                   |  |

27. Number of children born at this birth (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ weeks

29. Cause of stillbirth \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn) at \_\_\_\_\_ on the date above stated.

When there was a physician or midwife, then, etc., should make \_\_\_\_\_ (Signature)  
 Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address \_\_\_\_\_  
 Filed June 3- 1935 \_\_\_\_\_ Registrar