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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. [illegible]

Co. Registrar's No. 201

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of ____

Town of Miami

or

City of ____ (No. ____ St; ____ Ward)

FULL NAME OF CHILD Jose Campos

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other: and | Number in order of birth: 2 | Legitimate? Yes | Date of Birth: Jan (Month) 28 (Day) 1919 (Yr.)

FATHER		MOTHER	
Full Name	Juan M Campos	Full Maiden Name	Sarah Lara
Residence	Morenci Ariz.	Residence	Morenci Ariz.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	35 Years	Age at last Birthday	26 Years
Birthplace	Zacatecas Mex	Birthplace	Zacatecas Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 2 | Number of Children, of this mother, now living: 2 | Were precautions taken against Ophthalmia neonatorum: yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 28 1919, at 10 P.M.

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

Signature Juan Campos

~~Attending physician, midwife,~~ householder.*

Given or Christian name added from a supplemental report ____ 191__

Address ____

Filed Apr 30 1921

B. W. Hardy M.D.

LOCAL REGISTRAR.

132-128-231

COUNTY REGISTRAR.

A True Copy

Filed May 7 1921

B. G. Fox

COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.