

2245

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yila

BUREAU OF VITAL STATISTICS

State Index No. 125

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 67

Town of Miami

Local Registrar's No. \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD George Cameron  
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES  
Alive

Sex of Child M Twin, Triplet or other 1 and 1 Number in order of birth 1 Legitimate? Y Date of Birth Feb 5 1919  
(Month) (Day) (Yr.)

FATHER  
Full Name Bert Cameron  
Residence Miami  
Color or Race White Age at last Birthday 39 (Years)  
Birthplace Montana  
Occupation Mines

MOTHER  
Full Maiden Name Carmen B Castro  
Residence Miami  
Color or Race Mex Age at last Birthday 28 (Years)  
Birthplace Mexico  
Occupation Nurse

Number of child of this mother... 6 Number of children, of this mother, now living... 6 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 Feb 5 1919 at 5<sup>15</sup> P. M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. } (Signature) Charles E. Jimenez  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 1919 Filed Feb 10 1919 Address Miami  
W S Beayton  
LOCAL REGISTRAR.

735-205336 Filed Mar 7 1919 A True Copy R. G. Shaw  
COUNTY REGISTRAR. COUNTY REGISTRAR.