2225

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178

Co. Registrar's No. 632

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 Manuel 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: Oct. 24 1920. (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Jose Campos	Full Maiden Name	Belen Catanyo
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	22 Years	Age at last Birthday	21 Years
Birthplace	Ag. Calientes, Mexico	Birthplace	Georgetown, New Mex.
Occupation	Smelterman	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 Oct. 24, 1920 at 6 45 A.M.

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

Signature Cyril M. Crow M.D.

Attending physician, ~~midwife, householder~~*

Address Miami, Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed 10/30/1920

T H Slaughter

LOCAL REGISTRAR.

A True Copy

432-1024-236

COUNTY REGISTRAR.

Filed 11-5 1920

B. G. Sox

COUNTY REGISTRAR.

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.