ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

Co. Registrar's No. 295

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 Guadalupe Campos | Born Alive | YES ~~NO~~

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

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 3 | Legitimate? yes | Date of Birth May 8 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Ramon Campos	Full Maiden Name	Refugio Martinez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	25 Years	Age at last Birthday	20 Years
Birthplace	Jalisco, Mexico	Birthplace	Jalisco, Mexico
Occupation	Smelterman	Occupation	Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | 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 May 8, 1921, at 7 P. M.

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

Signature C. M. Cron M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

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

Filed May 25 1921 B. W. Hardy M.D.
LOCAL REGISTRAR.

A True Copy

732-506-949
COUNTY REGISTRAR.

Filed 6-1 1921 B. G. Fox
COUNTY REGISTRAR.

...case of more than one child at 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.