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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184

Co. Registrar's No. 331

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of .....
or
City of Miami

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Augustina Campos

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

Born Alive YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
male			2	yes	5	28	1921

FATHER		MOTHER	
Full Name	Socarias Campos	Full Maiden Name	Rachel Perez
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	white mex	Color or Race	white mex
Age at last Birthday	29 Years	Age at last Birthday	21 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	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 5 7 28 1912, at 9 P M.

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

Signature T H Slaughter
Attending physician, midwife, householder.*

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

Address Miami Ariz

Filed June 1 1921 B M Hardy MSC
LOCAL REGISTRAR.

132-528-979
COUNTY REGISTRAR.

A True Copy

Filed July 5 1921 B. G. Fox
COUNTY REGISTRAR.

...ase, a more than ... 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.