4648

N. B.—In 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.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 88

Co. Registrar's No. 177

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Beatrice Campbell

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin,~~ Triplet or other | and | Number in order of birth 5 | Legitimate? yes | Date of Birth May 2 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Hyle Campbell	Full Maiden Name	Rafaela Samora
Residence	Miami - Arizona	Residence	Miami - Arizona
Color or Race	White	Color or Race	Mex
Age at last Birthday	37 Years	Age at last Birthday	25 Years
Birthplace	San Pedro, Ariz	Birthplace	St. Johns, Arizona
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 5 | 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 2 1922 at 10 30 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 19 1922

B. M. Hard
LOCAL REGISTRAR.

233-502-921
COUNTY REGISTRAR.

Filed 6/3 1922

A True Copy

B. G. Fox
COUNTY REGISTRAR.