4690

Damaged Document(s)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. [illegible]
Registered No. 106

1. PLACE OF BIRTH

County Gila State ARIZONA
Town or Village
City Globe No. Gila Co. Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Steven J. McCamas { If child is not yet named, make supplemental report, as directed

3. Sex Male If [illegible] bi[illegible] { 4. Twin, triplets, or other 5. Number, in order of birth 6. Premature Full term yes 7. Is mother married? yes 8. Date of birth May 29, 1922 (Month, day, year)

FATHER

9. Full name Curtis R. McCamas
10. Residence (usual place of abode) (If non-resident, give place and State) Geronimo, Ariz.
11. Color or race White 12. Age at last birthday 30 (Years)
13. Birthplace (city or place) Silver City (State or Country) New Mexico

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, etc.
16. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Martha E. Pulsipher
19. Residence (usual place of abode) (If non-resident, give place and State) Geronimo, Ariz.
20. Color or race White 21. Age at last birthday 20 (Years)
22. Birthplace (city or place) Thatcher (State or Country) Graham, Arizona

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work, 19
26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth, including this child) (a) Born alive and now living yes (b) Born alive but now dead none (c) Stillborn none

28. If stillborn period of [illegible] months or weeks 29. Cause of stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at noon m. on the date above stated (Born alive or stillborn)

{ When there is no attending physician or midwife, a father, householder, etc., should make the return.

Given name added from a supplemental report 242-529-479 (Date of)

Registrar.

(Signed) R. D. Kennedy, M. D.
or Midwife
Address Globe Ariz.
Filed Aug 13, 1936 G. D. Wanner, Registrar.

20M 1-8-Form 2 MS—100 Rag