

PLACE OF BIRTH

1. County of Dade
 District of _____
 Town of Miami
 or _____
 City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS State Index No. 148
 ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 47
 Local Registrar No. _____

2. Full name of child Paula Agnes Campbell If child is not yet named, make supplemental report, as directed

3. Sex of child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth. 11 6. Legitimate? yes 7. Date of birth Jan. 20-1923. (Month, day, year)

8. FATHER Full name James Campbell

14. MOTHER Full maiden name Annie B. Smithson

9. Residence (Usual place of abode) Miami - Ariz. If nonresident, give place and State

15. Residence (Usual place of abode) Miami - Ariz. If nonresident, give place and State

10. Color or race White 11. Age at last birthday 42 (Years)

16. Color or race White 17. Age at last birthday 42 (Years)

12. Birthplace (city or place) St. David (State or country) Arizona

18. Birthplace (city or place) St. John (State or country) Arizona

13. Occupation Nature of Industry Mechanic

19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) 11 (a) Born alive and now living 9 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 1:30 A.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Crow M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ (Month, day, year)

Filed Jan 31, 1923 Charles E. Dwin Local Registrar.

Filed 2/8, 1923 B. W. Gray County Registrar.

Registrar.

933-120-125

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.