

1044

PLACE OF BIRTH

1. 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. 161
County Registrar No. 523
Local Registrar No. _____

No. 15 Parto Rico Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Joaquin Campes { 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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Aug. 16. 1923
Month Day Year

8. FATHER
Full name Justino Campes

14. MOTHER
Full maiden name Maria Pedraza

9. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

10. Color or race Mexican
11. Age at last birthday 40 (Years)

16. Color or race Mexican
17. Age at last birthday 37 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mex. Co

13. Occupation slag shoveling
Nature of industry Copper smelting

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 6
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:50 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 [Signature]
(Physician or midwife)

Address Miami, Arizona

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

Filed Aug 31 1923 P. E. Dixon Local Registrar.

Filed Sep 1 1923 B. G. Dixon County Registrar.

Registrar.

132-816-471