9178

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

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

County Registrar No. 667

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Miami

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amy Bell 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 3

6. Legitimate? yes

7. Date of birth Oct. 10 - 1923. (Month day year)

8. FATHER	14. MOTHER
Full name David Franklin Campbell	Full maiden name Ida Lee Wilson
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.	If nonresident, give place and state Arizona
10. Color or race White	16. Color or race White
11. Age at last birthday 26 (Years)	17. Age at last birthday 28 (Years)
12. Birthplace (city or place) Safford	18. Birthplace (city or place) Troy
(State or country) Ariz.	(State or country) Alabama
13. Occupation	19. Occupation
Nature of industry Mechanic	Nature of industry Housewife

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 .....
(c) Stillborn .....

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 born at 12 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 evidences 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 Oct 31, 1923 P. E. Irving Local Registrar.

Registrar.

Filed 11-6, 1923 B. G. Fia County Registrar.

133-1010-965