

1893

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH *Dia* ✓

1. County of *Dia* State Index No. *154*
District of _____ County Registrar No. *795*
Town of *Miami* Local Registrar No. _____
or _____
City of _____ No. *927 Live Oak* St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child *Silvestre Campos* } If child is not yet named, make supplemental report, as directed.

3. Sex of child *male* To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? *yes* 6. Date of birth *Nov. 26, 1923*
Month day year

8. FATHER Full name <i>Fredrick Campos</i>	14. MOTHER Full maiden name <i>Dugana Aprdara</i>
9. Residence (Usual place of abode) <i>Miami Arizona</i> If nonresident, give place and state	15. Residence (Usual place of abode) <i>Miami, Ariz.</i> If nonresident, give place and state
10. Color or race <i>Mexican</i>	16. Color or race <i>Mexican</i>
11. Age at last birthday <i>36</i> (Years)	17. Age at last birthday <i>25</i> (Years)
12. Birthplace (city or place) (State or country) <i>Mexico</i>	18. Birthplace (city or place) (State or country) <i>Mexico</i>
13. Occupation <i>miner</i> Nature of industry	19. Occupation <i>Housewife</i> 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 *5*
(b) Born alive but now dead *0*
(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 *3:10 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.
Given name added from _____
a supplemental report _____ Month, day, year.

Signature *J. J. Miller* (Physician or midwife)
Address *Miami, Arizona*
Filed *Nov 30 1923* Local Registrar
Filed *12/3 1923* County Registrar

232-1126-211