

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. S.—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.

PLACE OF BIRTH

1. County of Alle

District of _____

Town of Miami

or _____

City of _____

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

State Index No. 165

County Registrar No. 573

Local Registrar No. _____

St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

2. Full name of child Joseph Campbell

3. Sex of Child Male

4. Twin, triplet or other _____

5. No. in order of birth b

6. Legitimate? yes

7. Date of Birth Dec. 26-1923

To be answered ONLY in event of plural births.

Month day year

8. FATHER

Full name Style Campbell

9. Residence (Usual place of abode) Miami, Ariz.

If nonresident, give place and state _____

10. Color or race white

11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Cochise Co., Ariz.

(State or country)

13. Occupation

Nature of industry miner

14. MOTHER

Full maiden name Rafaela Samora

15. Residence (Usual place of abode) Miami Ariz.

If nonresident, give place and state _____

16. Color or race Mex

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) St. Johns Ariz.

(State or country)

19. Occupation

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 b

(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 7 P. 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 E. M. Crow M.D. (Physician or midwife)

Address Miami - Ariz.

Given name added from _____

1 supplemental report _____

Month, day, year.

Filed Dec 31 1923 _____ Local Registrar.

Filed 1-5 1924 B. J. Jay County Registrar.

Registrar. _____

133-1226-921