[redacted]

MARGIN RESERVED FOR BINDING

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. 164

County Registrar No. 104

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 Amelia Campean (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 5

6. Legitimate? yes

7. Date of birth Jan. 23-1924 (Month day year)

FATHER

8. Full name Jose Ygnace Campean

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz

10. Color or race Mex

11. Age at last birthday 39 (Years)

12. Birthplace (city or place) San Luis Potosi

(State or country) Mex.

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Matilda Cuen

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

16. Color or race Mex

17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Sonora

(State or country) Mexico

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 5

(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 (Born alive or stillborn.) at 11 P. m. on the date above stated.

*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. Registrar.

Filed Feb 29, 1924 C. E. Irwin (Local Registrar.)

Filed 3/5 1924 B. G. Fia (County Registrar.)

135 - 123 - 435