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. 132

County Registrar No. 932

Local Registrar No.

No. M + I Hosp. St. Ward

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

2. Full name of child Baby Campbell

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. No., in order of birth 3

6. Legitimate? yes

7. Date of birth Oct-13-1924 (Month day year)

8. FATHER

Full name Arthur Ross Campbell

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race Cauc.

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Alexandria

(State or country) Minn

13. Occupation

Nature of industry Surface Foreman

14. MOTHER

Full maiden name Marian Elaine Sheldon

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race Cauc.

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Alexandria

(State or country) Minn

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 2

(b) Born alive but now dead

(c) Stillborn 1

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 stillborn at 5 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 Cyril M. Crow M.D.

(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed Dec 31, 1924 C. E. Irvin

Local Registrar.

Registrar.

Filed 1-5 1925 B. G. Lux

County Registrar.

033-1013-425

N. B.—In case of more than one child [illegible] UNFADING [illegible] th, a SEPARATE RE[illegible] in order of birth stated.