

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135
 County Registrar No. _____
 Local Registrar No. 19

2. Full name of child Armeda Campbell
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ 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 1st
 5. No., in order of birth 1st
 6. Legitimate? yes
 7. Date of birth April 4 - 1925
Month Day Year

8. FATHER
 Full name Louis Nolan Campbell
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Ariz.
 10. Color or race Cauc.
 11. Age at last birthday 19 (Years)
 12. Birthplace (city or place) Duncan
 (State or country) Arizona
 13. Occupation
 Nature of industry Blacksmith

14. MOTHER
 Full maiden name Ethel Harriet Harper
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Ariz.
 16. Color or race Cauc.
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Pima
 (State or country) Arizona
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead _____
 certified and including this child.) } (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 9:50 P. m. on the date above stated
(Born alive or stillborn.)

Signature Byril M. Brown M.D.
(Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report
 Month, day, year Filed April 19, 1925 B. E. Davis
 Local Registrar.
 Registrar Filed _____, 19 _____ County Registrar.

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.

133-404-589