

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma
 District of _____
 Town of Hayden
 or _____
 City of _____

State Index No. 143
 County Registrar No. _____
 Local Registrar No. 70

2. Full name of child Celia Camis (If 6th occurred in a hospital or institution, give its NAME instead of street and number)
 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 1st
 6. Legitimate?
 7. Date of birth Sept 20 1925 (Month day year)
) If child is not yet named, make supplemental report, as directed.

FATHER
 Full name Francisco Camis
 9. Residence Hayden
 (Usual place of residence)
 If nonresident, give place and state
 10. Color or race Mexican
 11. Age at last birthday 43 (Years)

MOTHER
 Full maiden name Maria Samorano
 15. Residence Hayden
 (Usual place of residence)
 If nonresident, give place and state
 16. Color or race Mexican
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Guadalupe
 (State or country) Mexico
 13. Occupation laborer
 Nature of industry Smelter

18. Birthplace (city or place) Johnsonville
 (State or country) Arizona
 19. Occupation House wife
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 5
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1
 (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 alive at 12:30 P.M. on the date above stated.
 (Born alive or stillborn.)

Signature Charles B. Kestner, M.D.
 (Physician or midwife)
 Address Hayden, Arizona

Given name added from a supplemental report _____
 Month, day, year. 33-2-920-1126
 Registrar. _____
 Filed Sept 22, 1925
 Local Registrar. _____
 County Registrar. _____