

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

1. County of Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 145^a

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Town of Miami

Local Registrar No. 732

or _____

No. Miami - Insp. Hospital (If birth occurred in a hospital or institution, give its NAME instead of street and number)

City of _____

(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Clara Fay Campbell

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 _____ 6. Legitimate? yes 7. Date of birth June 30, 1926 Month Day Year

8. FATHER Full name Edward Allen Campbell

14. MOTHER Full maiden name Alice Ella Christensen

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 23 (Years)

16. Color or race Cauc. 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Duncan, Arizona
(State or country)

18. Birthplace (city or place) Eden, Arizona
(State or country)

13. Occupation Mill Repair Man
Nature of industry mining

19. Occupation Housewife
Nature of industry

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 1 (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 11:30 a.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 evidence of life after birth.

Signature Beryl M. Brown (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ Filed Aug 3, 1926 Local Registrar

Registrar _____ Filed _____ 19____ County Registrar

333-630-135